

## DOCTOR OF PHILOSOPHY

### Desistance from Intimate Partner Violence

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*Award date:*  
2013

*Awarding institution:*  
Coventry University

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# **Desistance from Intimate Partner Violence**

By  
Kate Walker

PhD  
2013

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**January 2013**



**The work contained within this document has been submitted  
by the student in partial fulfilment of the requirement of their course and award**

## Acknowledgements

I would like to first and foremost thank my great Supervisory Team, Dr. Erica Bowen (DoS), Dr. Sarah Brown, Dr. Emma Sleath and Professor Barry Mitchell, who have all played an important role in my PhD.

Erica, thank you for your constant support and encouragement. Your passion for the subject and insight that comes with this is inspiring. Your feedback and direction has enabled me to learn and develop as a researcher. You have been generous with your time and support and it is very much appreciated. I only hope that the future brings more opportunities for us to work together. Thank you also for the cakes.

Sarah, thank you for your attention to detail and perceptive feedback. Your constant questioning and challenging have also encouraged me to develop as a researcher. Thank you also for the time you have given to me and for your efficiency. However, I still think that propagates is a word that is greatly under used.

Emma, thank you for coming aboard and taking on the job of reading my work all the way through and offering some sound advice. Your feedback was pivotal in the development of my qualitative work and your encouragement has always been appreciated.

I would also like to thank Dr. Gail Steptoe-Warren and Emma Holdsworth for their invaluable input and their friendships. It is always lovely to have friends that you respect but also always have a good laugh with.

Mum and Dad and Mo, thank you for your love and support at all times. Mum and Dad, sorry that you had to wait so long for academic success from me – I think it was worth the wait! Mo, you are a great 'big' sister whose sense of humour is second to none and support is invaluable.

Most importantly I want to thank my wonderful husband Bill, the Heir, the Spare and the Princess. Bill you are my rock. Thank you for enabling me to do this and encouraging me all the way, I could not have asked for a better person to support me. You are my 'top bloke'.

Calum, Beth and William, thank you for all your encouragement, I love you all.

Finally I would like to thank Wiltshire and West Midlands Probation Trusts, Splitz, The Hampton Trust and Strength to Change for all their help with the recruitment of participants. The work you all do is amazing. Thank you also to the men who gave up their time to participate in the research.

## Abstract

Limited research has examined desistance from intimate partner violence (IPV). In this thesis the aims are to explore the role that individual, social / environmental factors and subjective change (personal agency) play in the process of desistance from male perpetrated IPV, and to develop and examine a multifactorial theory of desistance from male perpetrated IPV.

As research about desistance has tended to more prominent in the criminological literature and in relation to general offending and delinquency, the aim of the first part of this thesis was to undertake two critical reviews on desistance from violence and desistance from IPV. It was found that research in these areas has been neglected. It was concluded that a psychological approach to desistance is required whereby the findings are integrated into the models developed in the criminological literature, in order to develop a multifactorial theory of desistance. Specifically, it was found that pertinent to IPV, severity and frequency of violence was related to desistance and typology research indicated that personality characteristics might distinguish desisters from persisters. The nature of the dyad within which the IPV takes place was also found to be relevant specifically to the study of desistance from IPV and therefore, in need of further examination.

In the empirical study, group comparisons on the Millon Clinical Multi-axial Inventory III subscales were conducted between a purposive sample of 37 desisters, 50 persisters and 49 controls. It was found that Cluster A and Cluster B disorders and disorders at a diagnostic level were more often reported in the groups that had used violence against an intimate compared to the control group. The rates and percentages of clinically meaningful traits and disorders were lower for the desisters than the persisters. Overall the desisters were more like the controls than the persisters across the personality traits and clinical syndromes measured.

In the qualitative study, thematic analysis was conducted on data derived from interviews with 13 desisters, nine persisters, nine treatment facilitators and seven survivors. A conceptual model of desistance was developed that demonstrated desistance from IPV is a dynamic process that gradually unfolds over time. The model comprised three global themes: (i)

The cycle of lifestyle behaviours (violent): 'Old way of being' (the experiences, behaviours and thinking of the men when they used violence); (ii) Catalysts for change (the triggers and transitions experienced that initiated change); and (iii) The cycle of lifestyle behaviours (non-violent); 'New way of being' (the experiences, behaviours and thinking of the men when they stopped using violence).

The integrated findings illustrate that the path from persistence to desistance is neither linear, nor shared by all IPV offenders. A complex interaction between structure and agency characterised the process. Future research needs to adopt a longitudinal design to gain a clearer understanding of the temporal sequencing of events leading to desistance, and also to determine whether the characteristics that differentiated the groups studied change over time. In addition, it is proposed that individual assessment is required for each offender of IPV. Treatment could then be developed to meet individual needs, which may increase the effectiveness of rehabilitation for IPV perpetrators

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## 1.0 Chapter 1 Introduction

### 1.1 Intimate Partner Violence

IPV is difficult to conceptualise and define, as there are fundamental disagreements as to what factors should be included. IPV includes behaviours such as physical violence (which vary from pushing, slapping and stabbing for example) as well as psychological/emotional, financial, and sexual abuse, all of which have severe impacts on victims (Jordan, Campbell and Follingstad 2010). Generally the different forms of abusive behaviours are concurrent (Bowen 2011). However, Gordon (2000) found that while many couples engage in psychological and verbal abuse, they rarely use physical violence; yet those who use severe physical violence engage in a variety of other abusive types of behaviours. Definitions need to both encapsulate the type of violence and aggression that is of interest, and the nature of the relationships within which the violence is found. This is because it needs to be explicitly clear what is actually being studied; so informed comparisons and generalisations can be made across studies. Official and legal definitions tend to be quite broad, particularly in light of the fact that it has been acknowledged that an intimate relationship is not just heterosexual married individuals but former spouses (Fleury 2000), civil partners and those cohabiting (Brownridge 2008), which can also include same-sex couples (Kulkin et al. 2007, Rohrbaugh 2006). There is no statutory offence for 'domestic violence' in the UK; therefore, no legal definition exists. However, the Government definition of IPV that has been adopted by the Crown Prosecution Service, the Home Office, and the Association of Chief Police Officers is, 'any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality' (Home Office 2005). This definition, however, is due to be widened (for implementation in March 2013) to cover psychological intimidation and controlling behaviours, and to apply to victims under the age of 18 (Home Office 2012). The strength of this definition and the amended one is that the Government acknowledge the breadth of IPV, not only in the variety of behaviours

it can include but also in the various types of intimate relationships within which it can occur. What is problematic with this definition, however, particularly in relation to research, is the ability to objectively capture all of these different behaviours and include all the different types of relationships. For example, psychological or emotional abuse is very subjective and so is difficult to quantify and measure.

Gordon (2000) argued that definitions of IPV should include a description of the severity of the aggression and the different type(s) of abusive behaviours. With this in mind the lead has been taken from Straus and Gelles (1986:467) who defined violence as: “an act carried out with the intention or perceived intention, of causing physical pain or injury to another person.” This therefore places the focus on all forms of physical violence. This has been chosen as the focus for the current study as a quantifiable measure of desistance and persistence needs to be put in place. Physical violence represents the most feasible measure of IPV as other forms e.g., psychological violence, are difficult to measure accurately due to the subjective nature of such concepts. For the purpose of the current research, ‘another person’ refers only to an intimate partner so within this thesis IPV will be defined as ‘an act by a male, carried out with the intention or perceived intention, of causing physical pain or injury to their female intimate partner’.

Several theories of IPV have been proposed over the years that offer different explanatory frameworks for conceptualising the use of violence in an intimate relationship, although it has been argued that these do fail to encapsulate the complexity of all the variables associated with IPV (Bell and Naugle 2008). In addition it is unclear how much these theories have successfully informed and driven IPV treatment programmes (Babcock, Green and Robie 2004, Whitaker et al. 2006). Some of the most widely recognised theories include socio-cultural theories, i.e., feminist theory (Dobash and Dobash 1977, Walker 1984, Yllo 1988) and power theory (Straus 1976, Straus 1977). The factors that are used to explain IPV within these socio-cultural theories include gender roles, gender inequality, power and control, patriarchy, social acceptance of violence and societal belief about IPV (Schechter 1982). Although feminist / socio-cultural theories have dominated research and policy it has been argued that such theories are under

developed (Hunnicutt 2009) and several researchers have found no consistent relationship between patriarchal beliefs, male-dominated families and IPV (e.g., Coleman and Straus 1986, Dutton 1994, Hotaling and Sugarman 1986). Polaschek (2006) suggested that feminist perspectives fails to account for the range and diversity of research findings that are evident in relation to IPV and likewise Dutton (1994, 2006a) has suggested that IPV is associated with numerous psychological, interpersonal and contextual factors that cannot be simply be explained by patriarchy. These theories also fail to account for female initiated IPV (Dutton and Corvo 2006, Dutton 2006a, Hunnicutt 2009). Another prominent theory in IPV is social learning theory (Bandura 1971, Bandura 1973). Social learning theorists suggest that methods for resolving conflict in relationships are learned during childhood by observing peers and parental relationships (Mihalic and Elliott 1997). This theory is in line with findings regarding the intergenerational transmission of violence where it has been suggested that witnessing or experiencing abuse is associated with future perpetration and victimisation (Hotaling and Sugarman 1986, Leonard and Senchak 1996, Shook et al. 2000). However, this theory does not account for those men who have not experienced violence in their families but still perpetrate violence against intimates (Delsol and Margolin 2004). Riggs and O'Leary (1989, 1996) expanded on social learning theory suggesting background factors such as witnessing parental violence are related to IPV but it is the interaction of these factors with situational factors such as interpersonal conflict and relationship satisfaction that determine if IPV will occur. Whilst these traditional theories of IPV offer an explanation of why IPV occurs they offer little insight in to how it stops, this particularly being the case for those theories where there is a sole focus on the role of patriarchy and societal cultures and norms in IPV.

Psychological perspectives in theories of IPV have focused on the various factors that affect the individual perpetrator (or the victim). In relation to violence generally, King (2012) found that psychology as a discipline largely attributes the causes of aggression, particularly extreme or chronic, to individual and familial dysfunction or pathology. In this review King (2012) proposes that theories of violence separate into two categories: a condition of human nature (e.g.,

psychobiological and temperamental vulnerabilities) and as a consequence of damaged psyche (e.g. self regulation; attachment, learning and cognitive theories). The importance of a psychological approach is therefore also central when specifically examining the causes of IPV as researchers have proposed a causal role of various psychological and psychiatric difficulties in relation to IPV. This list of factors although not exhaustive includes psychopathology and personality (e.g., Dutton and Starzomski 1993, Dutton 2006a, Ehrensaft, Cohen and Johnson 2006, Hastings and Hamberger 1994, Holtzworth-Munroe, Smutzler and Bates 1997); attachment issues (e.g., Bartholomew and Horowitz 1991, Fraley and Shaver 2000, Schumacher et al. 2001); anger/hostility (e.g., Baron et al. 2007, Holtzworth-Munroe and Rehman 2000, Schumacher et al. 2001, Stith et al. 2004b); self-esteem (e.g., Donnellan et al. 2005, Murphy, Stosny and Morrel 2005, Papadakaki et al. 2009); and substance and alcohol abuse (e.g., Boles and Miotto 2003, Fals-Stewart 2003, Gilchrist et al. 2003, Stith et al. 2004b). In addition individual abilities such as communication difficulties (e.g., Feldman and Ridley 2000, Holtzworth-Munroe 2000, Messinger, Davidson and Rickert 2011, Messinger et al. 2012) and assertiveness (Dutton and Strachan 1987, e.g., Morrison, Van Hasselt and Bellack 1987, Rosenbaum and O'Leary 1981) have both been factors associated with the perpetration of IPV. This breadth of research has identified the importance of the role of psychological factors in relation to those who initiate and use IPV, which emphasises a need to adopt a psychological approach when looking to understand how individuals desist from IPV. This psychological examination of desistance also needs to be completed in the context of the wider violence literature (i.e., violence other than IPV) in order to build a clearer picture of some of the potential processes likely to be associated more specifically with desistance from IPV.

IPV is a global issue. According to the World Health Organisation (2010) the overwhelming global burden of IPV is borne by women, therefore the majority of research investigating IPV has focused primarily on men's violence to women (Eckhardt et al. 2012, Kesner, Julian and McKenry 1997, Kesner and McKenry 1998). However, considerable controversy remains as to whether it is men who are primarily violent in a relationship or if there is gender symmetry in the

perpetration of IPV (Archer 2002, Dutton 2006b, Johnson 2005, Johnson 2006, Kline 2003). According to the gender symmetry perspective, women are as likely as men to resort to violence against a partner (Bouffard et al. 2008). Johnson and colleagues (Johnson 1995, Johnson and Ferraro 2000, Johnson 2005, Johnson 2006) based on research on the dyadic control context of the violence, identified four types of individual IPV: (i) situational couple violence (SCV); (ii) intimate terrorism (IT); (iii) violent resistance (VR); and, (iv) mutual violent control (MVC). It is suggested that in heterosexual relationships, almost exclusively men perpetrate IT but that VR is almost exclusive to women. SCV and MVC are gender symmetric. Support for these distinctions has come from Graham-Kevan and Archer (2003) who found IT was primarily perpetrated by males (87%), VR by females (90%) and Common Couple Violence (later renamed SCV) was gender symmetric (45% males and 55% females). This therefore indicates that IPV is a burden also borne by men.

Further support for the findings in the gender symmetry literature is found in prevalence reports of IPV by gender. Findings in the UK suggest that 5% of males reported being victims of IPV, which is equivalent to approximately 800,000 male victims (Smith et al. 2012). In addition, 3% of men reported that they had experienced being stalked by an intimate and 5% of male homicide victims were killed by a partner or ex-partner. In the US more than one in four men (28.5%) have experienced rape, physical violence and/or stalking by a partner, which equates to an estimated 5,691,000 victims in a 12 month period (Black et al. 2011). In comparison, based on the World Health Organisation multi-country study on domestic violence against women (male victims were not included in the study), Garcia-Moreno et al. (2006) reported that between 15% (in Japan) and 71% (in Ethiopia) of women aged 15-49 years reported experiencing physical and/or sexual violence by an intimate partner at some point in their lives. In the US, three in ten women have experienced rape, physical violence and/or stalking by a partner (Black et al. 2011) and IPV resulted in 2,340 deaths (in 2007), 70% of which were females (Bureau of Justice Statistics 2010). In the UK, according to the 2010/2011 British Crime survey, it was reported that 6% of women experience IPV

(which is thought to be equivalent to around 900,000 female victims), and in 2009/2010, 95 female victims of homicide were killed by a current or ex-partner (Smith et al. 2012). This suggests that females and males perpetrate IPV and therefore both need to be the focus of research. However, in the current study, whilst it is fully acknowledged that there is gender symmetry in IPV, the focus will be exclusively be placed on male perpetrated (physical) IPV. This decision is based solely on the fact that realistically, at present, in order to access large sample of IPV perpetrators, recruitment is only feasible with male samples as there is limited and inadequate access to female perpetrators. However, this comes with the observation that an understanding of female perpetrators is very much required to inform effective treatment for females and is therefore important in future research.

In relation to male perpetrated IPV, generally activists and public health agencies have increased awareness of issues associated with IPV, with IPV being criminalised in most Western nations as pro-arrest policies have resulted in more perpetrators being arrested and charged for their acts of violence against their intimates (Price and Rosenbaum 2009). In response to this criminal justice organisations have placed a focus on the development of treatment programmes, which have been devised with the goal of educating and rehabilitating offenders. Currently in the UK treatment for IPV is available through both the criminal justice system and the voluntary sector. Two group-based interventions are offered by probation, the Integrated Abuse Project (IDAP) and the Community Domestic Violence Programme (CDVP; for an overview of these programme see Bowen, 2011). In the voluntary sector a range of different programmes are offered, although there is a strong bias towards the providers delivering programmes based on the Duluth Model, particularly those that have been accredited by Respect. However, evaluation of these programmes is sparse, and where it has been done researchers have presented conflicting results regarding the effectiveness of treatment. There has, however been some tentative evidence of treatment success, for, example in the US it has been suggested that current interventions have minimal impact on reducing recidivism (Babcock, Green and Robie 2004,

Feder and Wilson 2005), the same being true in the UK (Bowen 2011). This finding may be related to the fact that what is consistently found in the research is that male perpetrators of IPV are a heterogeneous group of men (e.g. Dixon, Hamilton-Giachritsis and Browne 2008, Ehrensaft, Cohen and Johnson 2006, Holtzworth-Munroe 2000) and therefore a 'one-size fits all' approach to treatment as opposed to individualised plans might not be the most effective way to achieve successful treatment outcomes. In addition, it is also unclear how the knowledge about the process of desistance features in these programmes, although currently this is unlikely to be a feature due to the fact that there is little empirical research that has actually examined desistance from IPV, therefore rendering it impossible to use this as a source to inform treatment. These observations would suggest that the heterogeneity of offenders needs careful consideration, as does our current knowledge on desistance from IPV. Linked to this is the proposal that treatment needs to be continually developed and advanced through research and practice, if we are to effectively help people change their behaviours and maintain violent free relationships. These facts provide the motivation for the current thesis in that if we understand why and how a group of heterogeneous individuals stop using violence within their relationships, i.e., the process of desisting from IPV, we can use the findings to inform treatment and successfully rehabilitate individuals who use violence against their intimates.

This overview has given an insight into what IPV is and what may cause it (with an emphasis placed on the role of psychology), its prevalence (including a gender inclusive review), and some of the different programmes that are available for male perpetrators of IPV. However it is proposed that in order to effectively treat this heterogeneous group of men, an understanding of the process of desistance from IPV is required. In order to achieve this, an in-depth review of what is currently known about desistance generally needs to be presented and so forms the next part of the introduction. This will be accomplished by focusing predominantly on the criminological literature and the findings in relation to general offending and delinquency, as this is where, to date, the majority research on desistance is found.

## 1.2 Desistance

It is well established that the commission of crime declines with age throughout the whole population (Gottfredson and Hirschi 1990) and so most offenders ultimately stop offending. This pattern of offending, known as the age-crime curve, has been stringently tested and suggests that offending peaks in early adulthood and falls sharply thereafter but at a steady rate during the 30s and 40s and so forth (Blumstein et al. 1986, Piquero, Farrington and Blumstein 2003). However, the mechanisms that explain this phenomenon remain under dispute. The term 'criminal career' is a metaphor that focuses on an individual's offending over time with Farrington (1997:361) suggesting that a criminal career is the "longitudinal sequence of offences committed by an individual offender". At minimum, it has been suggested that a criminal career has a beginning (onset) and an end (desistance) with the 'career' (duration) in the middle (Soothill, Fitzpatrick and Francis 2009). Research into offending behaviour is traditionally cross-sectional and only provides a 'snap-shot' of offending. Therefore little is known about the causal processes underlying desistance (Kazemian 2007). This gap in understanding has been identified as the most neglected area of criminal career research (Bushway, Thornberry and Krohn 2003). If the process of desistance and its maintenance can be understood, this can be used to inform interventions with offenders. Furthermore, it can be used to support those who have ceased offending so that crime free behaviours can be sustained.

In early explanatory models three broad factors associated with desistance were identified: maturation (i.e., internal criminal propensity or population heterogeneity); social control (state dependence); and personal agency (subjective change). In this review, the findings from researchers who have examined these three explanatory models as individual and interactive entities will be critiqued. It is proposed that an interactive perspective on desistance is required, where propensity, agency and structural factors are all seen to play a role for those who successfully desist from crime. In the greatest proportion of the literature the focus



has been on delinquency and antisocial behaviour and consequently this will be the main, although not the sole, focus of this review, which will be organised as follows. It is necessary to examine the issues that are associated with conceptualising, defining and measuring desistance, so this will be presented first. Explanations of desistance that focus on population heterogeneity will follow this, then research that examines state dependence will be presented. An integrated approach, which combines these two explanations, will then be explored. Finally the importance of understanding subjective and internal change in the process of desistance will be examined.

It is important to acknowledge the considerable difficulties that exist in operationalising and defining desistance. There is significant variation within the literature that results in a lack of consensus on the matter. A key difficulty is the definition and assessment of the 'absence' of a behaviour and, in fact, a 'sustained' absence (Maruna 2001). This 'absence' is problematic as it requires the measurement of something that no longer exists and furthermore, that is 'absent' over a period of time that has no clear end point. Several conceptual questions also remain unanswered, which further complicate the issues associated with defining desistance. For example, it is not clear if: desistance can occur after only one criminal act, and if this process or phenomenon is different from desistance following several acts of crime (Laub and Sampson 2001); or whether predictors of desistance are unique entities, or simply the opposite of risk factors that predict offending (Stouthamer-Loeber et al. 2004).

Various definitions of desistance have been developed. It has been simplistically, and arguably vaguely, defined as 'the termination of offending' (Shover 1996); however, latterly it is more commonly acknowledged that desistance is not simply 'termination' or the point at which criminal activity has ceased, but the causal process that supports the termination of offending. Hence desistance is regarded as an evolving multifaceted process (e.g., Laub, Nagin and Sampson 1998, Maruna 2001, Maruna and Roy 2007), rather than a simple one-off 'event'. This demonstrates that the concept of desistance is complex and it has, therefore, become necessary to differentiate between primary and secondary

desistance. 'Primary desistance' comprises crime free gaps or apparent interludes in the course of a criminal career and is more of a temporary state, whereas 'real/secondary desistance' signifies a long-term shift in behaviour and attitudes. This represents the movement of behaviour to non-offending, where existing roles become disrupted and an identifiable and measurable change in personal identity is seen (Gadd 2006, Maruna et al. 2004).

Adding to this complexity are two methodological issues that impact on the generalisability of findings from research, and which must be considered when interpreting empirical findings. Firstly, variations in the length of follow-up periods need to be considered, as secondary desistance can only be determined retrospectively (Frazier 1976). Consequently, the adoption of short follow up times, e.g., six months (Brown and Ross 2010); one year (Maruna 2001, Warr 1998), may reflect primary desistance only, rather than the true cessation of offending, i.e., secondary desistance. In addition, consideration should be paid to the nature of the data from which desistance is identified (official records vs. self report) and the inherent limitations associated with such data. Official reports (e.g., police records or conviction records) only reflect the behaviours of those who have been caught and thus, may over represent desistance (Smith 2002). Although self-reports do include offending behaviours that are not captured officially, they are open to social desirability bias, respondents concealing or exaggerating their offending, memory and telescoping problems, with those individuals who are still offending being more likely to refuse to participate in research (Soothill, Fitzpatrick and Francis 2009), or being most likely to conceal behaviours, respond in socially desirable ways. Smith (2002) suggested that the most reliable record of offending behaviour is likely to result from a combination of official records and self-report data that also include reports from teachers, parents and peers, although this is seldom done. In the current study desistance of IPV is defined as suspension of physical violence against an intimate partner (IPV) for at least one year, based on self-reports of physical violence, given previous incident(s) of physical violence within an intimate relationship. A fuller explanation of the rationale informing this decision is presented in Chapter 4 (pages 83-86).

Despite the challenges in defining and measuring desistance, two major models have been developed to understand offending behaviours and account for desistance: the Propensity Model (e.g., Gottfredson and Hirschi 1990, 1996, Greenberg 1992, Rowe, Osgood and Nicewander 1990); and the Criminal Careers Model (e.g., Barnett, Blumstein and Farrington 1992, Blumstein, Cohen and Farrington 1988a, Blumstein, Cohen and Farrington 1988b). Propensity theorists tend to see no value in longitudinal work, as they assume that individuals have an inclination, trait or tendency, also termed the process of population heterogeneity (e.g., self-control), to commit crime. Such theorists place great emphasis on the stability of this trait (Gottfredson and Hirschi 1990). This will be the first theoretical viewpoint considered and examined in this review. The criminal careers approach is an overarching framework that encompasses a variety of theoretical ideas (e.g., developmental criminology and life-course approach) that tend to concentrate on individual changes over time and specific processes such as persistence and desistance (Farrington 1997). This approach focuses on the development and change of behaviours across the life-course. Laub and Sampson (2003) have stringently tested this, and based on longitudinal data, proposed that an age-graded theory of informal social control is linked to the desistance process. They suggested that childhood events and individual characteristics may encourage stability in offending, but that adult life events can alter criminal trajectories. In this approach the importance of life events or life contingencies is emphasised, i.e., that social control and social bonds are related to desistance, which has been labelled as the state dependence process. An analysis of the state dependence process will form the second part of this review.

It has been argued that subjective changes in offenders' worlds must be examined alongside social and maturational explanations of desistance, as this can provide a more complete picture of the reform process (Maruna 2001). Generally it has been suggested that criminal cognitions play an important role in the early stages of desistance, although their long-term impact on behaviours remain under-researched and so is less certain (Healy 2010a). Research into the role of agency reveals that it may not just be *what* offenders think, but *how* they

think, that is an important factor in relation to desistance. Walters (1990) identified eight criminal thinking styles and proposed that individuals make choices as to whether or not they will offend and then alter their cognitions to support the ensuing lifestyles that are the result of these choices. According to this view, desistance occurs because of a complex and dynamic interaction between subjective factors and social factors, which has been identified as central in the desistance process (e.g., Giordano, Cernkovich and Rudolph 2002, Maruna 2001). The role of agency or subjective factors will, therefore, form the final part of this review.

### 1.3 Conceptual frameworks

#### 1.3.1 Population heterogeneity

Research into desistance has emerged from an interest in the propensity of an individual to commit a criminal act (e.g., Ezell 2007, Gottfredson and Hirschi 1990, Piquero, Moffitt and Wright 2007, van der Geest, Blokland and Bijleveld 2009). This has also been referred to as a population heterogeneity process that suggests that enduring individual characteristics such as self-control, impulsivity, and psychopathic personality predispose individuals to engage in crime throughout their lifetimes (Nagin and Paternoster 2000). Population heterogeneity, as interpreted by Nagin and Paternoster (2000), is the argument that criminal behaviour is a result of time-stable antisocial characteristics / propensity developed early in life. Continuity in criminality is linked to the reverberations from antisocial characteristics / propensities that are likely to take many manifestations in later life (e.g., unemployment or drug addiction). The correlation between these manifestations in later life and criminality is not causal, as they are all the effects of a common cause, i.e., propensity. Nagin and Paternoster (2000), therefore, suggested that there is heterogeneity within the population of a time-stable characteristic that affects the probability of anti-social behaviour in early life and at subsequent points over time. Self-control, criminal propensity, and criminality are

all used to describe a similar concept of an internal predisposition to engage in criminal behaviour. However, there is no consensus as to how this concept of propensity should be defined. There appears to be a fundamental contradiction in a concept that is at the same time argued to be stable, and yet responsible for something that eventually desists/declines, which needs further investigation/clarification. Perhaps, it is the influence of protective factors that is being observed, which perhaps increase over time and when present reduce the likelihood of offending behaviours in the presence of risk. This is similar to the concept of individual resilience, which has been conceptualised as the combination of serious risk and positive outcome, i.e., the capacity to do well despite experiencing adversity (Rutter 2007).

Gottfredson and Hirschi (1990) claimed that criminals do not desist; rather they have a diminishing likelihood of committing crime over time. These theorists proposed that the contradiction between criminality being stable over time, while at the same time crime declines with age is explained by changes in various factors that determine offending, e.g., opportunity and activity as well as propensity. A fundamental aspect of their work that they consistently stress (see most recently Gottfredson 2011) is that crime is not really a suitable dependent variable in criminology; the principle variable is criminal propensity that is expressed in the characteristics of a stable trait of low self-control. This trait interacts with 'crime' (defined as acts of force or fraud undertaken in pursuit of self-interest, i.e., short term, circumscribed events that presuppose a set of conditions) so that someone who has a high propensity might not commit a crime at a certain time due to the lack of opportunity. It is argued, therefore, that it is the 'other' factors that change as someone gets older, not propensity as this remains a stable difference across individuals. The duality between crime and criminality is crucial to Gottfredson and Hirschi, as they propose that decline in crime cannot be explained by changes in the person or exposure to anti-criminal institutions. They are left to conclude, therefore, that desistance is 'due to the inexorable aging of the organism' (Gottfredson and Hirschi 1990:141). This implies that crime, independent of criminality, declines with age. Based on this theory, criminal behaviour is not

affected by life-events, situational or institutional influences. However, the difficulty with this explanation is that it would follow that desistance 'just happens', or is something that happens 'naturally' and consequently no real explanation for the process is offered.

Support for the role of criminal propensity in the desistance process has been examined by comparing its influence across different criminal career dimensions. However, research evidence is equivocal as to whether all criminal career dimensions (e.g., onset, frequency, persistence, desistance) share the same causes. This is because it has been found that some core variables are related to multiple dimensions, and some variables exert a unique effect on some dimensions (e.g., Blumstein et al. 1986, Farrington and Hawkins 1991, Gottfredson and Hirschi 1990, Loeber et al. 1991). For example, Farrington and Hawkins (1991) found that onset, participation and persistence were predicted by different variables, and further that persisters and desisters could be discriminated by certain variables (e.g., low paternal involvement, low commitment to education and low verbal IQ). Loeber et al. (1991) found that the correlates of initiation (e.g., attention deficit, withdrawal/shyness and depression) were distinct from those of escalation, but that positive and negative aspects of the same correlates were similar for initiation and desistance (e.g., social withdrawal and disruptive behaviour). The findings that some variables exert a unique effect on some of the dimensions and a set of core variables are related to multiple dimensions indicate that the claim of a criminal propensity to delinquency is inconsistent with the data, but so, to some extent, is the claim that different theories are required for all of the different career dimensions.

These contradictory findings guided Piquero, Moffitt, and Wright (2007). They used longitudinal data from 1,037 participants in the Dunedin Multidisciplinary Health and Human Development Study and examined whether self-control is linked in a similar manner across different criminal career dimensions (participation, frequency, persistence and desistance). If this was found to be the case, it would provide support the general theory of crime (Gottfredson and Hirschi 1990). Two measures of self-control were used, one collected during childhood

and a different one administered during adolescence; the measures used fitted with Gottfredson and Hirschi's specification of self-control and both included an examination of impulsivity, lack of persistence, high activity levels, risk-taking and antisocial behaviour (for measures see Wright et al. 1999). Consistent with Gottfredson and Hirschi's theory, self-control was significantly related to participation in, and the frequency and persistence of a range of criminal behaviours (e.g., theft, vandalism, rape and aggravated burglary) and could distinguish persisters from desisters, with desisters evidencing higher self-control (Piquero, Moffitt and Wright 2007:83) than persisters. In relation to participation, it was found that those with lower levels of self-control were more likely to be convicted of a criminal offence by the age of 26. There are two important implications of these findings: firstly, general theories of crime are perhaps more pertinent to understanding criminal careers than explanations that examine unique variables across different dimensions, rendering specific theories relating to each dimension of criminal careers redundant (Piquero, Farrington and Blumstein 2007:76). Secondly, and from a methodological standpoint, the need to use longitudinal data is challenged, as cross-sectional analysis would provide a snapshot of an offender at one-point in his/her career that is adequate to test these theoretical ideas and findings (Gottfredson and Hirschi 1986). These suggested implications may be a little premature (although they should not be completely dismissed), as there are some further considerations that need to be explored within the data set used by Piquero, Moffitt and Wright (2007). For example, the definition of desistance used was "a conviction during the juvenile period (prior to age 18) but no conviction between 18 and 26" (Piquero, Moffitt and Wright 2007: 78). This is very broad and would allow a person with only one conviction in their lifetime to be classified as a desister, which many researchers regard as inappropriate (Kazemian 2007). The inclusion of single-conviction offenders might have influenced Piquero, Moffitt and Wright's findings that desisters reported more self-control and could be distinguished from persisters. Furthermore, the generalisability of these findings to recidivist populations is consequently questionable. In addition, the analysis only focused on a limited subset of criminal

career dimensions (participation, frequency, persistence and desistance) and parameters, e.g., official records of violent and non-violent crimes between the age of 13 and 26 ( $n = 167$ ), as data prior to age 13 were not available. A large non-offending comparison group was used ( $n = 816$ ) but this data again were based on official reports that may be incomplete without supporting self-report evidence. Other dimensions that were not examined included onset, duration, seriousness and escalation (Blumstein, Cohen and Farrington 1988b, Farrington 1997, Piquero, Farrington and Blumstein 2007). Additionally, several parameters of criminal careers could also have been examined, such as age of onset, prevalence of offending peaks, and versatility and diversification of offending (Piquero et al. 2008), to see if the same correlation is found. This research did not control for other variables that have been identified as potential predictors of criminal career dimensions, such as social bonds, and arguably this research is incomplete by neglecting these (Sampson and Laub 2003, Savolainen 2009). These associations need to be examined in order to strengthen the explanatory power of general theories of crime in explaining desistance.

In research conducted on a high risk sample of adolescents (individuals institutionalised for severe conduct problems and delinquency), van der Geest, Blokland and Bijleveld (2009) explored stable personality and background characteristics within sub-groups of offenders to see if personality factors can distinguish certain criminal career trajectories including desistance. Self-control was operationalised as impulsivity and thrill seeking, and other variables included intelligence, social skills, depression, neuroticism and psychopathology. Using trajectory analysis five groups of offenders (ALS: Adolescent Limited Serious; LB: Late Bloomer; LFD: Low Frequency Desisters; HFD: High Frequency Desisters; and HFC: High Frequency Chronic) were identified, and by relating trajectories to psychological, behavioural and background characteristic four distinct offender profiles were revealed. The high frequency groups (HFD and HFC) had high risk (e.g., severe psychopathy and ADHD, early onset) compared to the low frequency groups. However, across the high frequency groups, rates of desistance varied, although in both groups serious offending declined with age, the HFC group



continued to show nontrivial levels of serious crime in their late 20s and 30s, this was not seen in the HFD group. This divergence in these two trajectories could feasibly be explained by endogenous factors such as marriage and drug use, although this was not investigated. The low frequency offenders (LFD and ALS) scored highly on the presence of protective factors (e.g., good conscious development - a variable determined on the basis of clinical judgement and pre-trial reports) but they also displayed some personality problems too (e.g., ADHD type hyperactive/impulsive). The LB group was most clearly set apart from the other groups and was characterised mostly by ADHD sub-type inattentive, combined psychopathology, poor social skills, high daring and low neuroticism. These high risk offenders were characterised by troubled backgrounds and problem behaviours, but three quarters of them were low-rate offenders by 32 and those classified on desisting trajectories in the study did not continue serious offending beyond the age where it is found that most young men desist, i.e., 35-40 (Sampson and Laub 2005). Subgroups of offenders showed markedly different stable personalities and background traits that suggest common personality factors, in part, can distinguish certain trajectories, i.e., in relation to desistance. The researchers, however, examined the influence of stable characteristics or static risk factors and did not observe individuals' interactions, behaviours and environments or dynamic factors that may be explanatory factors in the differences and divergences found in the trajectories. This research has its strengths in being able to typify offender subgroups and identify sets of characteristics associated with each group through the use of canonical correlation analysis, which is relatively uncommon in this field. A limitation of this methodology, though, is that it is difficult to conduct a statistical significance test (Levine 1977) and so the statistical analysis can only be used as an exploratory tool, rather than a confirmatory analysis tool. Nevertheless, this research by using trajectory analysis to distinguish between developmental pathways is of theoretical value in relation to desistance as it has been possible to identify profiles of desisters based on psychological and behavioural characteristics. This in turn can inform treatment

practice so that risk is targeted and protective factors promoted, to enable practitioners to intervene in criminal careers.

In their General Theory of Crime (i.e., criminal propensity theory), Gottfredson and Hirschi (1990) also explored stable personality characteristics and argued that the predictors of one criminal career parameter should be the same across all dimensions. However, the empirical evidence (e.g., Ayers et al. 1999, Farrington and Hawkins 1991, Loeber et al. 1991, Nagin and Smith 1990, Nagin and Farrington 1992, Paternoster and Triplett 1988, Paternoster 1989, Smith, Visser and Jarjoura 1991) suggests that some variables exert a unique effect on some dimensions, but not others, although a core set of variables (e.g., low IQ, risk-taking propensity, temperament variables (daring and low nervousness), self-control and neuropsychological risk), are related to multiple dimensions. This proposal is contrary to a general criminal propensity theory as it suggests that different theories are required to understand different dimensions of criminal careers. Analysing this proposal is complex, however, as the variables examined in relation to propensity vary greatly between studies, as do the dimensions considered making it very difficult to compare and contrast and generalise findings. Some researchers draw disparate conclusions; for example, Nagin and Farrington (1992) using data from 411 males from the Cambridge Study found an inverse association between age of onset and persistence that was entirely attributable to persistent heterogeneity, which is that individual differences established early in life have an enduring impact on future criminality. This implies that it is not necessary to distinguish between the facets of a criminal career. However, analysing several variables (e.g., negative labelling, beliefs, age and offending history), Smith, Visser and Jarjoura (1991) found that the general propensity claim was inconsistent with their longitudinal data ( $n = 1605$ ), and that although a core set of variables was associated with multiple dimensions, others related only to specific dimensions. Similarly, Loeber et al. (1991) found that although initiation and escalation are distinct processes, the variables associated with initiation (e.g., social withdrawal, disruptive behaviour, discipline, family and peer associations) were also associated with desistance, thereby reflecting the positive and negative

aspect of a similar process. The researchers analysed a vast array of variables (e.g., child characteristics, attitudes to antisocial behaviour, and family factors) but these findings require development to gain an understanding of the relative importance of particular variables and whether characteristics, attitudes or contextual factors are likely to be more influential on criminal career dimensions and if and how these factors may overlap. This could potentially explain the underlying mechanisms associated with the processes leading to persistence and desistance.

In summary the research on propensity theory seems to indicate that population heterogeneity and more specifically self-control can be used to distinguish persisters from desisters. However, either the stability of propensity needs to be tested further, or it must be accepted that these factors are only relevant as part of an integrated model that also includes social and subjective aspects. Regarding the stability of self-control, the extent of this stability across all its dimensions is unclear (Arneklev, Cochran and Gainey 1998). There is evidence that self-control is in fact malleable (Moffitt et al. 2011), particularly during the first 10 to 12 years of life, and that it may improve with age due to socialisation, indicating that it is not *absolutely stable* within a person (Hay and Forrest 2006, Mitchell and MacKenzie 2006, Winfree et al. 2006). Some researchers have suggested that self-control is not a fixed trait but is comparable to a resource, the levels of which fluctuate over time in response to individual experiences (Muraven, Baumeister and Tice 1999, vanDellen and Hoyle 2010). This would imply that self-control can be depleted when as a resource it is taxed by stresses or burdens, but that it can also be renewed as individuals' personal circumstances change. Using a meta-analysis methodology, Piquero, Jennings and Farrington (2010) examined the malleability of self-control and found that it was improved as a result of self-control improvement programmes (for up to age 10 to 12) and that delinquency and problem behaviours were reduced. The authors have suggested that the effects of these programmes need to be examined over time, particularly into late adolescence and early adulthood, as it may be that self-control changes with age. Similarly, from longitudinal studies where personality change has been examined,

a reconsideration of the assumption that personality traits do not change with age and in adulthood (Mroczek and Spiro III 2003, Roberts, Walton and Viechtbauer 2006, Srivastava et al. 2003) has been required. Roberts and Mroczek (2008) found that, in terms of mean levels (i.e., gains and losses in a specific personality trait over a specified period of time and age, for a given population), increases in self-control are evident in young adulthood (age 20-40) and in middle age, which indicates that personality traits can change at any age. Although there is evidence that the traits of impulsiveness and risk-taking are relevant in relation to persistence and desistance (Kazemian 2007), this would be more convincing if there was clear empirical evidence that non-offending samples were shown to have more self-control than both persisters and desisters, and further that opportunity to commit crime declines with age. Propensity theory certainly has appeal in that it is simplistic and because it has been empirically demonstrated that criminals do lack self-control and do things without thinking. However, the research evidence arguably only demonstrates that there is an association between self-control and criminal behaviour, which is inherently different from suggesting that there is a general causative link for all offenders. Indeed critics have pointed out that this would be a questionable claim (Soothill, Fitzpatrick and Francis 2009).

Other aspects of this theoretical stance invite challenge and consideration. For example, there are certain crimes that undermine this theory; Simpson and Piquero (2002) found that white collar and corporate crime offenders demonstrated exceptionally high levels of self-control, countering the view that all offenders have lower levels of self-control. In addition, it has been argued that if criminal propensity is to be accepted, the predictors of one criminal career parameter should be the same across all parameters; yet this does not appear to be the case. Furthermore, if, as the propensity theory proposes, offending behaviour is associated with stable traits, this would render rehabilitation efforts that target dynamic or criminogenic factors pointless. This is clearly not the case as there is empirical evidence to support the use of such intervention strategies (Healy 2010a).

More information is required about the sources of propensity to crime that differentiate individuals, and the specific mechanisms related to the development of self-control (e.g., neurophysiological, family factors or biological deficiencies). In relation to desistance, more research is also needed to explain how, if there is stability in some of these traits, most individuals eventually desist. Researchers have generally focused on examining group differences (i.e., desisters versus persisters) but little attention has been paid to understanding internal factors that promote desistance within individuals; an analysis that could assist the debate on stability and change, and potentially provide useful information for the development of rehabilitative interventions. Researchers now need to establish if self-control is related to desistance because of within individual change in a trait that is malleable. Finally consideration must also be paid to the influence of social factors, or the 'state dependence' process, in relation to desistance, which will be examined next.

### 1.3.2 State dependence

Proponents of the state dependence process contend that criminal conduct may be influenced by later life events (e.g., marriage and employment), and consequently endorse the adoption of a life-course approach to the study of criminality. There is extensive evidence demonstrating the important role of social bonds in relation to offending and how these may promote desistance (e.g., Beaver et al. 2008, Bersani, Laub and Nieuwbeerta 2009, Capaldi, Kim and Owen 2008, King, Massoglia and Macmillan 2007, Kirk 2012, Laub and Sampson 2001, Maume, Ousey and Beaver 2005, Moloney et al. 2009, Rhule-Louie and McMahon 2007, Sampson, Laub and Wimer 2006, Savolainen 2009, Stouthamer-Loeber et al. 2004, Theobald and Farrington 2011, Zdun 2011). Laub and Sampson (2001:48) explained that "individuals desist as a result of a combination of individual actions (choice) in conjuncture with situational contexts and structural influences linked to important institutions" and suggested that desistance operates simultaneously at different levels (individual, situational and community), as well as

across different contextual environments (family, work and military). The 'knifing off' (Elder 1998:966) of individuals from their current environments is observed, which creates a new script for them to follow in the future. The usage of the term 'knifing off' is defined by Caspi and Moffitt (1993:251), who suggested that it involves social circumstances that "eliminate old options", which is consistent with the theoretical framework of social control. It has been suggested that "knifing off is a central part of the desistance process" (Sampson and Laub 2003:145). This metaphor is used to suggest that individuals sever off / away from (with a metaphorical knife) disadvantage, stigma and negative factors. Individuals' new non-offending lives no longer have the features found in their offending pasts but positive opportunities such as employment and marriage instead.

Sampson and Laub (1990) theorised, in their age-graded theory of informal social control, that attachments to adult institutions (family, community, military and work) influence criminal behaviours over the life-course and are involved in the desistance process. They suggested that desistance is linked to factors that are associated with transitions into adulthood. It should be acknowledged that this was based on the Glueck men (longitudinal study of 1,000 Boston males, 500 delinquent 500 non-delinquent; Glueck and Glueck 1950) entering school in the 1940s, and late modernity is now very different, e.g., key adult transitions (getting married and having children) are frequently delayed. It has been emphasised that the significant factor in desistance is the quality and strength of the ties, not just their existence (Maume, Ousey and Beaver 2005, Sampson and Laub 1990). For example, Sampson and Laub (1993, 2003) found that the likelihood of desistance was positively associated with the strength of marital attachment and job stability. This was consistent over a range of outcome variables, different analytical techniques and after controlling for antisocial behaviour in childhood. The relevance of the strength of social bonds is emphasised further by Rhule-Louie and McMahon (2007) who demonstrated that antisocial /criminal behaviour could be an integral part of a romantic relationship, and that, based on empirical support for partner similarity and assortative mating (i.e., individuals selecting partners with similar traits and characteristics to themselves), the influence of a relationship on

antisocial /criminal behaviour could be positive or negative, depending on the characteristics of the partners. In some cases marriage would not act as a deterrent and would not promote desistance, e.g., when the partner also displays problem behaviour that affects the quality of the relationship. Rhule-Louie and McMahon's research was extended by Capaldi, Kim and Owen (2008) who examined the influence of romantic partners (suggesting restricting analysis to marriage fails to encapsulate a more contemporary viewpoint) in the context of a dynamic model. Their longitudinal data were from a community sample of 191 young men identified as being at risk for delinquency, and their partners. Relationship stability was found to offer an informal social control mechanism similar to that found in the marriage effect (i.e., marriage promoting desistance), but its influence was dependent on the levels of problem behaviour in the females. The research by Rhule-Louie and McMahon (2007) and Capaldi, Kim and Owen (2008) supports one of the key tenets offered by Sampson and Laub in relation to informal social control; that the influence of social-control is completely reliant on the quality of the social control mechanism that is in place.

Further support for the influence of the social bonds of marriage and employment on desistance is found when examining different cultures and populations, e.g., Dutch and Finnish populations (Bersani, Laub and Nieuwbeerta 2009, Bersani, Nieuwbeerta and Laub 2009, Savolainen 2009), African and Latino American samples (Hughes 1998), high risk offenders (Stouthamer-Loeber et al. 2004), and female offenders (Edin and Kefalas 2005, Fleisher and Krienert 2004, Hunt, Joe-Laidler and MacKenzie 2005, Kreager, Matsueda and Erosheva 2010, Sommers, Baskin and Fagan 1994, Uggen and Kruttschnitt 1998). Evidence also exists for the role of religion as a form of social control, with religion offering psychological and emotional comfort for those looking to desist from crime, and aiding the transition to conventional life (Schroeder and Frana 2009). It is difficult to extrapolate from the research whether the mechanisms that relate to the association of marriage, employment and religion with desistance are implicit (i.e., indirect) or explicit (i.e., direct), are related to a personal choice or a cognitive process, and whether the process of desistance starts in anticipation of a

transition, e.g., into marriage, or as a reaction to it. It could also be argued that as it is not possible to randomly assign individuals to a treatment condition (i.e., marriage), it is impossible to demonstrate the effect of 'treatment.' This is problematic when attempting to establish the underlying mechanisms involved in the desistance process; although longitudinal data may provide some clarity regarding this issue.

Although research has provided some evidence of an association between social bonds (particularly marriage) and desistance, the evidence remains equivocal. Some studies have shown that marriage has no effect for males on desistance (Barry 2010, Giordano, Cernkovich and Rudolph 2002, Hirschi and Gottfredson 1983, Moloney et al. 2009, Ouimet and Le Blanc 1996), whereas others have demonstrated that it is only a mediating, or indirect influence, for example, such that it reduces time spent with delinquent peers (Maume, Ousey and Beaver 2005, Warr 1998). Tittle (1988) suggested that marriage was not related to a reduction or termination of offending between adolescence and adulthood. Furthermore, Hirschi and Gottfredson (1983) argued that marriage was simply an artefact of the age-crime curve, i.e., with increased age, crime decreases and independently to this, as people get older, rates of marriage increases. Recently Barry (2010) found that in a sample of 40 offenders (20 males and 20 females aged 18-33), the majority managed to stop offending even though they were neither in a stable relationship nor in employment, suggesting that offending ceased as a reaction to adverse experience. However, Theobald and Farrington (2011) analysing data from The Cambridge Study found that men who married relatively early (24 or earlier) reduced their offending behaviour after marriage, unlike those marrying relatively late (25 or older). Analysis of risk factors suggested that those who married later tended to be more nervous, came from broken homes, maintained aggressive attitudes, and continued to go out with male peers after marriage compared to men who married earlier. This suggests that marriage is only relevant alongside other social factors (e.g., peers and fatherhood; Moloney et al. 2009). Overall it has been suggested that there is limited evidence for the role of marriage in desistance (Cernkovich and Giordano



2001, Giordano, Cernkovich and Rudolph 2002, Giordano, Cernkovich and Holland 2003).

Another issue that needs consideration when analysing data on social bonds and the desistance process is self-selection and sequencing, which has been examined by various researchers (Gottfredson and Hirschi 1990, Laub and Sampson 2001, Laub and Sampson 2003, Moffitt 1993, Sampson and Laub 1993, Uggen 2000, Wright et al. 2001). Self-selection refers to the fact that life-events may not be coincidental but occur following a process of self-selection. As life-events or transitions are not randomly assigned to individuals, it is difficult to establish if such events are the causes or the correlates of desistance (Kazemian and Farrington 2010), which makes it difficult to establish if social bonds are *antecedents* of desistance. The development of social bonds, therefore, may be a process of self-selection reflecting an underlying criminal propensity. Moffitt (1993) in her research on the developmental taxonomy of antisocial behaviour, found that life-course persistent offenders (LCP) who displayed criminal propensity based on childhood temper had more erratic work-lives, had difficulties at work and did not display stability in their marriages with a high percentage getting divorced by the age of 40. Conversely for the other hypothetical prototype, adolescence-limited offenders (AL), delinquency, personality disorders and cognitive deficits played no part in their offending, and so this group achieved better academic qualifications and adequate skills to forge close attachments with others. It is therefore suggested that reactions to transitional events such as marriage, employment or military service will vary depending on individuals' antisocial histories; AL offenders can benefit from these social bonds as they offer the option to resume a conventional life-style but LCP offenders tend to select jobs and partners that support their antisocial lifestyles. Evans et al. (1997) identified a similar issue with self-selection, whereby they found that the effects of the quality of relationships, marital status and occupational attainment were minimal when including a measure of self-control in their analysis. Therefore the relationship between self-control and social bonds was in the expected direction (Evans et al. 1997), i.e., those with low self-control have poor quality relationships with family and friends,

low occupational attainment, poorer marriage prospects, and are more likely to have criminal associates. These findings suggest that there are a number of factors that interact with social bonds in relation to desistance and that the strength of these bonds, and the ease and ability to adopt these bonds, is likely to have an effect on desistance. This would imply that both traits and social influences *in combination* have effects on the desistance process rather than each, or either in isolation.

Some research indicates that informal social control is related to desistance from offending, and this is particularly seen in relation to marriage and employment; however this is dependent on the quality of these transitions, not just their existence. Research findings are equivocal as some imply that transitions (i.e., marriage and employment) have no effect on desistance, or, at best, act only as a mediating influence. It is also unclear whether there is a relationship between propensity/stable traits and adult transitions, and a lack of clarity about the extent to which social bonds exist due to a process of self-selection. Sampson and Laub (1993) have attempted to untangle the effects of social bonds and self-control by controlling for individual propensities and assessing the impact of life course events independently. They concluded that after controlling for individual differences and taking into account selection effects, marriage exerts an independent effect on desistance (Laub and Sampson 2001, Sampson and Laub 2005). However, whether transitions promote cognitive changes, or cognitive changes promote the likelihood of a transition, remains a contentious issue, and many researchers have attempted to investigate the impact of cognitive processes *and* situational factors in a bid to determine the temporal sequencing involved (e.g., Morizot and Le Blanc 2007, Nagin and Paternoster 1994). The following section, therefore, examines the literature relating to *both* population heterogeneity (namely self-control) and state dependence (social-control).

### 1.3.3 Population heterogeneity and state dependence

Several researchers have attempted to understand both self- and social-control as complementary factors, revealing that these processes are often interdependent, happen simultaneously and that the associated variables and their integration are likely to differ across different aspects of the criminal career (e.g., Doherty 2006, Ezell 2007, Farrington and Hawkins 1991, Le Blanc 1993, Moffitt 1993, Morizot and Le Blanc 2007, Nagin and Paternoster 1994, Roisman, Aguilar and Egeland 2004, Shover and Thompson 1992, Wright et al. 1999, Wright et al. 2001).

Moffitt (1993) integrates the concepts of population heterogeneity and state dependence in her two hypothetical prototypes, LCP and AL offenders. LCP offenders' anti-social behaviours originate from neurodevelopmental processes, (i.e., acquired or inherited neurophysiology) that are exacerbated by high risk social environments. Consequently, they are likely to have neurological problems (e.g., cognitive or learning difficulties) that can be challenging when developing relationships and social skills, generating poor parental bonds, leading to antisocial behaviours and low self-control. So LCP antisocial behaviours results from neuropsychological problems interacting with criminogenic environments. Conversely, AL offenders' anti-social behaviours have their origins in social processes beginning in adolescence and desisting in young adulthood. These delinquents do not have the same neurological deficits as LCP offenders do, and they show little continuity in antisocial behaviours. Furthermore, change in delinquency is abrupt, particularly during the periods of onset and desistance (Moffitt 1993). Moffitt suggests that transition events (e.g., marriage employment) provide opportunities for both desistance *and* continuity, i.e., individuals' reactions to state dependence processes vary as a function of their antisocial histories. This theory does not suggest that the LCP pathway continues into old age, rather that offending will continue well beyond the age when most desist. However, it still remains unclear how LCP delinquents eventually 'age' out of crime. Further research into midlife turning points is required through longitudinal studies that

follow both AL and LCP delinquents, so that an examination of the long-term implications of individuals' early experiences, criminal propensities and social influences can be considered.

Le Blanc (1993) examined self- and social-control in relation to the deceleration (i.e., the beginning of the process of desistance) of criminal activities in conventional (stratified random sample of 458 adolescent boys) and delinquent adolescents (470 boys convicted by Montreal Juvenile court), using an analysis of concomitant change. For both conventional and delinquent adolescents a reduction in criminal activities was seen from mid to late adolescence, alongside a parallel improvement in self- and social-control, although the increase emerged later for the delinquents. However, although data from most studies indicate agreement on some key components of self-control, e.g., impulsiveness and risk-seeking (e.g., Gottfredson and Hirschi 1990, Longshore et al. 2004, Sampson and Laub 1993), LeBlanc (1993) did not include measures of impulsiveness and risk-seeking, and instead used the Jesness Inventory (Jesness 1972) that includes some concepts that are not generally represented with the offending literature. The inventory includes a diverse group of variables to operationalise self-control including, autism, social anxiety, denial, antagonism, repression, alienation, and aggression. This measure has been criticised for the absence of validation data during its construction (Rohr 1997), and its reliability (estimated by test re-test) has been noted to be less than desirable (Putniņš 1980). Furthermore, although the aim was to examine successive changes in individual state variables, the methodology employed by LeBlanc (concomitant change) cannot provide information about the temporal order (i.e., the arrangement of events over time) between the dependent and independent variables. However, the study did enable the conclusion that desistance is more likely when both social and self-control are high, thereby revealing the importance of considering both in the study of desistance.

Doherty (2006) combined the Glueck's data (Glueck and Glueck 1950) with follow-up data from Laub and Sampson (2003) to examine self- and social-control within the life course interdependence hypothesis (Wright et al. 2001). She found

that both factors were strong predictors of desistance (i.e., high self-control and high social integration is related to desistance), but that social bonds predicted desistance independently of self-control. This supports claims by Sampson and Laub (1993) that attachments formed in later life (e.g., employment and marriage) can divert criminal pathways and life trajectories; a claim that would be refuted by supporters of the criminal propensity model (e.g., Gottfredson and Hirschi 1990). This suggests that both propensity *and* social bonds need to be examined to understand desistance. However, Doherty (2006) measured social integration (as a proxy for social bonds) using marriage, military service and employment, but did not attempt to determine the quality of these social bonds, focusing instead on their presence and duration. This is a significant limitation, as it is generally agreed that the quality of the marriage is by far the most influential factor in relation to desistance. Consequently, she does not assess the underlying causal mechanisms that are responsible for desistance. Further examination of the presence, duration and quality of these and other life events (e.g., deviant peer relationships, parenting) is needed across different trajectories, which includes a comparison of individuals who have not experienced any of these life-events and those who have experienced several. By doing this, a better understanding will be developed of how propensity and social bonds are integrated and the relative importance of these factors for criminal desistance.

Nagin and Paternoster (2000) proposed that criminal propensity (population heterogeneity) and social-control (state dependence) are two deeply embedded processes and therefore both need to be considered to gain a complete picture of desistance. The authors concluded that individual differences in propensity are more important than has been previously believed, and that experiences in individuals' lives that occur after the formation of different propensities have important consequences for criminal offending and desistance. Therefore it is also important to reiterate that even among those who initially display high criminal propensities, certain events or experiences can result in both primary and secondary desistance. This arguably provides support for the argument that a

mixed model of offending and desistance is required (Nagin and Paternoster 2000:132).

Morizot and Le Blanc (2007) also incorporated maturation (self-control) *and* social-control approaches. They examined 470 high risk adjudicated delinquents and tested two models: the launch effect model (long-term predictions about desistance); and the contemporaneous model (predictors assessed at the same time as offending i.e., short-term). Although differences in involvement in criminal activities were found in adolescence, almost all the high-risk individuals desisted from crime by age 41, even those displaying low self-control. In line with the launch effect model, very few of the self- and social-control variables had the ability to make predictions of criminal trajectory (including desistance) based on their early measures, which is contrary to the propensity hypothesis. Only previous deviant behaviours (offending onset and substance abuse) were strong predictors of desistance in the launch effect model. When the significance of certain variables was examined further, Morizot and Le Blanc (2007) found that disinhibition and substance abuse played a significant role in the contemporaneous model (with substance abuse also being significant in the launch model). In addition, in the contemporaneous model, high levels of disinhibition were concurrently associated with a reduction in desistance. This is somewhat consistent with the propensity model (Gottfredson and Hirschi 1990), in that low self-control (operationalised as lack of disinhibition) hinders desistance (or predicts persistence). This is indicative of the significant role of stable traits in the normative process of desistance. How these personality traits manifest themselves and interact with other factors to make them significant phenomena in relation to desistance needs further consideration. Morizot and Le Blanc (2007) found a moderate effect of social-control but only at specific developmental points, e.g., employment stability is only significant at emerging adulthood. Support for the maturation or self-control approach was found but overall the authors proposed that desistance is better studied by investigating self- and social-control simultaneously to investigate the complexity that surrounds criminal behaviour. These conclusions, however, were based on a relatively small longitudinal sample of 470 males at age 15, (age 23  $n=219$ ; age 31  $n=246$ ; age

41  $n = 160$ ), over four time periods separated by long time lags (e.g., 8 years). Therefore it may be difficult to record accurately and develop a trajectory that encapsulates all the relevant factors and significant events over long time frames, which if completed would offer a better understanding of these issues. Furthermore, the sample comprised French-Canadian adjudicated (high risk) individuals, which limits the generalisability of the findings to this chosen population. Within this research, the conceptualisation of self-control was based on negative emotionality, extraversion and disinhibition; yet other well documented traits, such as openness to experience and conscientiousness were not included (McCrae and Costa 1987). Therefore, although the importance of considering both self- and social-control is indicated in this study, research needs to be extended to include other traits commonly associated with self-control.

Utilising data from the Cambridge Study in Delinquent Behaviour (411 working-class males in London) and the Montreal Two Samples Study (470 adjudicated French-Canadian males) Kazemian, Farrington and Le Blanc (2009) addressed the question of whether measures of social bonds and cognitive predispositions in late adolescence could predict subsequent changes in offending behaviour in mid-adulthood. A strength of this analysis is the comparison of within-individual change (which controls for criminal propensity and past offending and thus minimises self-selection bias) and between-individual change at 32 years of age. Cognitive predisposition was operationalised and measured using two dimensions: low self-control (which included three subscales: thrill seeking, impulsivity and aggressiveness) and techniques of neutralisation (which refers to the ability of offenders to adopt the stance that they are the victim and attribute blame externally and provide justification for their offending behaviour and was measured by an 11 item scale). Measures of social bonds included relationship with parents, employment, and delinquency of peers. Some behavioural measures were also used and included past convictions and substance use. It was found that long-term predictions about individual offending patterns were unreliable, as measures of cognitive predispositions and social bonds at 17-18 years were weak predictors of changes in offending behaviours at 32 years. When comparing within-

individual differences (change in offending gravity between ages 17-18 and 32) and between individual differences (differences in gravity score at 32 years), long-term predictions seemed to be more accurate in the between-group analysis where low self-control was a significant predictor of offending gravity. However, improvements in cognitive predisposition and social bonds (substance use and association with delinquent peers) were significant correlates of changes in offending gravity, both for self-reported and officially recorded offending. This implies that cognitive predisposition (self-control) is not a stable trait and emphasises the link between substance use and desistance. The findings suggest that little confidence can be placed in the reliability and robustness of long-term predictions of within-individual change, but that it is likely that the interaction between social bonds and cognitive predisposition (self-control) can predict offending patterns in the short-term. This requires further investigation because the dataset only included two data points, and consequently provides little information regarding whether such changes are gradual or abrupt. Nor does it elucidate the temporal order of the changes in offending patterns, social bonds and cognitive predisposition.

An examination by Gunnison and Mazerolle (2007) of indicators of social control (marriage, employment and religion) and an attitudinal measure of antisocial disposition (or propensity) using data from the first seven waves of The National Youth Survey ( $n = 1224$ ; Elliott, Huizinga and Ageton 1985), revealed data that were congruent with the previous literature. This research extended the body of knowledge by examining if there were any differences in the risk factors that distinguished the desisters from general delinquency from those who desisted from more serious delinquency. Desisters were distinguished from persisters by several risk factors including delinquent disposition, delinquent peer association, stable marriage, perceived certainty of marriage and drug and alcohol use. Although, as anticipated, desisters from general delinquency were less likely to have negative relations and possessed higher perceptions of punishment (i.e., perceptions for severity of punishment for a variety of crimes) than persisters, findings were partly counterintuitive in that desisters from serious delinquency



were less likely to be employed and had lower perceptions of certainty of punishment than persisters in serious delinquency. This surprising finding was explained by the authors who suggested that employment might lead to an association with delinquent co-workers that may encourage persistence. This may be avoided by the serious delinquents, who were generally found to be unemployed. This conclusion regarding employment, however, was speculative and was not based on any empirical data. This research indicates that as well as understanding psychosocial factors associated with desistance, these factors need to be compared and analysed empirically across different levels of severity of offending, and therefore types of offending to understand the process of desistance from criminality.

Forrest and Hay (2011) developed an alternative explanation of the impact of marriage on desistance by examining the mediating role of self-control in the process. They suggest the role of self-control in the process of desistance has tended to be ignored and that this is due to the *alleged* stability of this trait. However, several studies, have found that self-control is not as stable as originally reported, thereby implying that self-control is more malleable (Burt, Simons and Simons 2006, Hay and Forrest 2006, Muraven, Pogarsky and Shmueli 2006, Winfree et al. 2006). Based on this, Forest and Hay (2011) proposed that life-course transitions (marriage) facilitate desistance by helping offenders increase self-control, enabling them to avoid acts of crime. Using data from a national longitudinal study (Child and Young Adult Supplement of the National Longitudinal Study of Youth in the USA) of more than 12,000 men and women, within individual changes of self-control, marriage and criminality were examined. Marriage emerged as being associated with changes in self-control, with those transitioning into marriage showing significant increases in self-control. These changes exceeded improvements in self-control that may occur due to normal maturation. The alterations in self-control observed were also associated with desistance from crime based on the changes found in the likelihood of continued use of marijuana (the dichotomous indicator of marijuana use was used to measure involvement in crime). The authors concluded that 16% of the link between marriage and

desistance from marijuana use is due to the likely effects of marriage on self-control, demonstrating an interrelationship between marriage and self-control. It is not clear, however, how this interrelationship works, i.e., is it due to the effects of marriage on improvements in self-control, rather than the impact of changes in self-control in marriage. All that was revealed was a contemporaneous relationship between changes in marital status and changes in self-control. It could, therefore, be concluded that there is a dynamic relationship whereby self-control may speed-up entry in to marriage, and in turn marriage may encourage further improvements in self-control. The strength of this study is that it highlights the significance of social-psychological development in the desistance process. In addition, it challenges the stability theory of self-control suggesting it needs to be adapted, if not discarded, to reflect the fact that self-control can change. This theoretical framework explains how self-control needs to be conceptualised in order to understand how it may play an interactive role with social contexts and influence the desistance process.

In conclusion, several researchers have incorporated both self-control and social-control in their studies in attempts to fully understand the process of desistance. It seems, however, that it is difficult to make long-term predictions about desistance. There certainly seems to be support that individuals develop underlying propensities towards crime that are related to criminal activities in adulthood. This, then, may affect social bond formation in later life, but social bonds are not completely determined by propensities, as they appear to have independent relationships with offending behaviours and desistance (Wright et al. 1999). When examining desistance, placing emphasis solely on self-control, or solely on social-control, is too simplistic but integrating these two processes shows more promise. It is evident that we still do not fully understand the complexities of these two critical processes, and, in particular, the explicit causal processes behind desistance, how these opportunities for desistance arise, and if these opportunities need to be created by the individuals who are attempting to desist. It has also been suggested there is a requirement to reconceptualise traditional measures of self- and social-control. This would move away from traditional

definitions of self-control (impulsivity and risk taking) and include other cognitive processes and thinking styles (e.g., concrete thinking), and adapt social bonds to reflect changing societal norms and values (Kazemian 2007). Furthermore, the role of the individual is missing from both the maturation process and social explanations of desistance. The final section of this review, therefore, examines the research relevant to subjective changes and the role of agency in the desistance process.

#### 1.3.4 Subjective and internal change

The role of the individual in the process of desistance remains poorly defined and under-researched (Healy 2010a). The role of human agency in the decision making process has been identified as important (e.g., Maruna 2001), so that issues with self-selection are addressed, as it has been identified that individuals have to be personally active in order to pursue social bonds (O'Connell et al. 2007). There is a collection of studies that provide support for the view that desistance is the outcome of a complex interaction between subjective/agency factors and social/environmental factors (Bottoms et al. 2004, Farrall and Bowling 1999, Farrall 2005, Farrall, Bottoms and Shapland 2010, Gadd 2006, Healy 2010b, LeBel et al. 2008, Maruna 2001, Maruna et al. 2004, Maruna 2004, Paternoster and Bushway 2009, Serin and Lloyd 2009, Shapland and Bottoms 2011, Shapland and Bottoms 2011, Vaughan 2007, Zdun 2011). Within this research, emphasis is placed on the 'cognitive transformations' and changes of identity that occur for offenders in the process of desistance (Giordano, Cernkovich and Rudolph 2002, Maruna 2001, Paternoster and Bushway 2009).

Shover (1983:208) proposed, based on interviews with 36 men who had been convicted and incarcerated for property crimes, that as men got older they took stock of their lives and made identity shifts, suggesting that desistance from crime is partly a result of changes in "identity, self-concept and the framework employed to judge oneself and others". This is consistent with other predominantly qualitative research on the actual lived experiences of those who have desisted (e.g., Adler 1993, Graham and Bowling 1996, Hughes 1998). Maruna (2001)

studied the phenomenological aspect of desistance and interviewed 55 men and 10 women, and analysed data from 30 individuals classified as desisters (operationalised as reporting over a year of crime free behaviour) and 20 classified as persisters (15 were not included in the analysis as they did not meet the criteria for persisters or desisters). This research involved a systematic comparison between the self-narratives of desisting ex-offenders and a matched sample of active offenders. The findings revealed that offenders who desist follow a process of “willful, cognitive distortions” in order to “make good” (Maruna 2001:9). Using content analysis to examine the different ‘mindsets’ displayed by 20 career criminals, Maruna argued that to successfully desist from crime, offenders need to make sense of their past lives in specific ways and develop ‘redemption scripts,’ i.e., where offenders reinterpret their negative pasts. This provides an opportunity to create a new identity and authentic way of living. Ex-offenders used cognitive strategies that allowed them to put their criminal pasts behind them and build new, positive futures; persistent offenders, conversely, lived by ‘condemnation scripts’ and were uncertain about their abilities to change (Maruna 2001). This evidence suggests that long-term desistance is accompanied by identifiable and measurable changes of personal identity, or the ‘me’ of an individual (Maruna 2001). This proposal is evidenced elsewhere in the literature (Farrall 2005, Gadd and Farrall 2004, Gadd 2006, Giordano, Cernkovich and Rudolph 2002, Maruna et al. 2004, Maruna 2004, Shover 1996) where offenders’ cognitions are examined.

Introducing a theoretical counterpart to Sampson and Laub’s (1993) theory of informal social control, Giordano and colleagues (Giordano, Cernkovich and Rudolph 2002, Giordano, Cernkovich and Holland 2003) developed an interactionist perspective on desistance. They proposed a ‘theory of cognitive transformation’ that centres on cognitive shifts that are an integral and frequent part of the desistance process. Their view is strongly related to attitudinal change and recognises the importance of the role of agency in understanding this change process. These researchers proposed that there are four aspects of cognitive transformation: (i) openness to change; (ii) exposure to hooks for change (e.g., prison, religion, children); (iii) envisioning a ‘replacement self’; and (iv)

transformation in the way an actor views deviant lifestyle. In this research, the desistance process was analysed from a gendered perspective with the main focus being on females, but it was found that the stories of change emerged from similar discourses for both males and females. Extending this research, Giordano, Cernkovich and Holland (2003) observed that marriage can reduce peer contacts and that peers may be associated with the onset and persistence of criminality, but without a strong motivation to change and commitment to the development of a new identity, the actor may ignore spousal influence, or indeed just leave the relationship. These findings are all underpinned by an emphasis on the important role of cognitive processes in behavioural change.

More recently, Paternoster and Bushway (2009) built on the work of Giordano and her colleagues in 2002, and expanded Maruna's view that desistance involves a deliberate act of self-change. The authors suggest that desistance requires a fundamental and intentional change in how a person views himself/herself and introduces the identity theory of desistance; an offender casts off his/her own identity in favour of a new one. They suggest that each offender has a 'feared self', which is what he/she might become if he/she continues to offend, that they are motivated away from; and a 'possible self,' which is a positive future self that he/she is motivated towards. These authors suggest that it is the feared self that provides motivation to begin the break from offending. This theory is an attempt to understand the integration of subjective change that brings about the change in propensity to commit crime that is linked to a change in preferences (e.g., move away from drug use) and social networks. Therefore, the emphasis is placed on human agency creating change that is the 'upfront work' that is needed to start the process of desistance (Paternoster and Bushway 2009). It is, then, this social change that becomes critically important for the maintenance of desistance: an individual undergoes a change in his/her self and this new identity leads him/her to change his/her life through social change (e.g., jobs and marriage). These social changes are referred to by the authors as 'structural breaks'. Paternoster and Bushway (2009) suggest that every offender must go through this identity change because without this part of the process structural support is

unlikely to be achieved. However, it is difficult to provide empirical support for this theory because it is challenging to measure identity shifts in individuals and to then connect those backwards to incidents that motivated these changes, or forwards to changes in social networks and preferences. The authors propose the use of time series analysis to investigate whether individuals follow non-stationary time series with evidence of structural breaks. While the authors propose this theory, they do not report this analysis, instead they conclude that evidence of non-stationary time series characterised by structural breaks would be 'friendly' with an identity theory of desistance (Paternoster and Bushway 2009). This needs to be directly investigated in order to determine the validity of this assumption. In addition, as identified by the authors themselves, this needs to be done alongside conventional methods that involve interviewing ex-offenders and asking about any noticeable changes in identities, preferences and social networks that they believe are linked to their desistance processes. By doing this exploratory work, based on actual lived experiences, the processes that facilitate changes in behaviours and lead to desistance can be identified. Following this, the validity and generalisability of findings can be tested through replication studies.

Researchers have also taken a case-study approach to analyse the internalised sense of self of individuals and the subjective nature of desistance. The findings suggest an integrated theory of desistance is required that focuses on both the aspects of structure and agency (Farrall and Bowling 1999, Farrall 2005, Gadd and Farrall 2004, Gadd 2006). Farrall (2005) examined desistance and introduced insights from an existential perspective where a core concern is the understanding of feelings and emotions. Based on a case study of a female offender, 'Sandra' (found guilty of theft from employer related to a cannabis habit), the desistance process involved a new way of being 'Sandra', which was an active process that involved continuous self-exploration to look for both 'who' she was, and importantly, a way of being that person (Farrall 2005:382). It was observed that external factors (employment) assisted with this transformation, particularly the maintenance of this new identity. Analysing the case study of 'Frank', a former far-right activist, Gadd (2006), suggested that in the study of desistance there is a

need to differentiate 'identity' from 'personal identity', i.e., the critical difference between an individual's social presentation of the self (identity) and the private internalised sense of self (personal identity). Gadd argued that it is the internalised process of personal identity (i.e., mental processes that mean we equate ourselves to qualities that we perceive in others) that is more important than 'identity' when looking to assess and make sense of changes in an offender's life. The case study approach offers in-depth and rich data sets but they are based on very specific offending patterns (i.e., 'Sandra' stealing from employees and 'Frank' involved in racist hate-crimes). These case studies focused on very specific types of crime and are reliant on active participants who willingly reflect and discuss their experiences. It may, therefore, be that such subjective changes apply only to certain offending behaviours and to certain individuals, i.e., those who can acknowledge and accept their criminal pasts and are able to reflect over them. This would suggest more empirical data (qualitative and quantitative) are required across wider groups of offenders in order to see if the findings are generalisable to a wide range of offenders.

Research on subjective change and desistance has also been conducted in attempts to understand the interactions between agency and environmental factors (e.g., Bottoms et al. 2004, Bottoms and Shapland 2011, Farrall, Bottoms and Shapland 2010, Farrall et al. 2011, LeBel et al. 2008, Serin and Lloyd 2009, Vaughan 2007, Zdun 2011). Bottoms et al. (2004) presented an interactive framework involving programmed potential (risk factors or innate characteristics such as age), social context (structures, cultures, and situations) and agency. It was stressed that focussing on any of these factors in isolation will fail to provide a full and comprehensive understanding of desistance. LeBel et al. (2008) have also supported a 'subjective-social model'. They suggest there are three possible models: a strong subjective model (based on mindset, willpower and motivation); a strong social model (social circumstances matter the most and are out of the individual's control); and subjective social models (both subjective and social events have an impact either independently or indirectly through an interaction). LeBel and colleagues tried to empirically disentangle these three models by

analysing Home Office data from The Oxford University Dynamics of Recidivism Study (Burnett 2004). Data collection involved multiple interviews with 130 male repeat offenders. Operationalisation of desistance was stringent (a 10 year follow up period using reconviction data) and the independent variables used to explore subjective mindset included hope/self-efficacy, regret and shame, internalising stigma, alternative identities, and social problems. In addition, a control was put in place for time stable differences and selection effects. The results led the authors to rule out the strong subjective and strong social models but to support the subjective-social model, where subjective and social factors had independent effects. This indicates that social problems do not happen randomly but are caused/exacerbated by the subjective states of offenders. However, the problem still remains regarding the sequencing of cognitive and external influences because, as identified earlier, they operate through a dynamic interactive process and therefore occur simultaneously (Le Blanc 1993), and cyclically (Bottoms et al. 2004). The researchers did find that beliefs in self-efficacy (termed as hope) was associated with desistance, as this appeared to promote abilities to take advantage of positive social opportunities, as well as deal with setbacks as they arose. However, the findings were based on a relatively small-specialised sample (126 male property offenders), subjective conditions could not be examined simultaneously, and control variables were limited as the sample size restricted the ability to add more control variables, such as unobserved heterogeneity. The authors concluded that further robust research is required to attempt to disentangle subject and situational changes in relation to desistance.

Farrall, Bottoms and Shapland have more recently undertaken further studies on the relationship between social structures, agency and desistance (Bottoms and Shapland 2011, Farrall, Bottoms and Shapland 2010, Shapland and Bottoms 2011). They suggest that desistance is linked to the agency of the offender but that social structures may impede/encourage this process. Recent structural changes in the UK, such as reductions in employment, a trend away from marriage and greater difficulties for young people to set up homes independently of their families and shifts in the criminal justice system (e.g., more



punitive, rise of risk agenda), lead the authors to conclude that these changes significantly affect potential desisters' paths to desistance. Such findings mean that there is a strong case for researchers to address social structures alongside the role of the agency in the desistance process. Shapland and Bottoms (2011), using longitudinal data from the Sheffield Desistance Study (Bottoms and Shapland 2011), which followed a group of 113 adult male offenders for four years, reached a similar conclusion. They examined social and moral values of recidivist offenders. They found that the majority of men in their sample said they wished to desist, had conventional social aspirations (e.g., house employment and steady relationship) and largely had conventional moral views about offending. However they found that wishing to desist and then actually achieving this were two very different things. Social contexts such as a lack of money and pressure from friends may over-ride this wish. The authors conclude that desistance is an agentic process, lifestyle patterns need to be broken and individuals must accept the constraints of non-offending lives. This is likely to be difficult for persistent offenders because of the need to completely change their life-styles and because of the lack of human and social capital they have and the impeding societal structures they are likely to come across (Shapland and Bottoms 2011).

Zdun (2011) examined the role of immigration as a trigger to knife-off from delinquency and examined the role of agency and structure in the process. He suggests that knifing off is not something that suddenly occurs but is something contemplated by the offender and even planned and organised at times. There are, therefore, different stages in the knifing off process: (1) preparation; (2) the move and settling in process; and (3) maintenance. Following interviews with 19 persisters and 7 desisters, it was found that for both groups immigration served as a form of knifing off but the groups showed differences through the three knifing off stages. Desistance was achieved for those when their agency was accepted in society as they achieved new identities, which was done through making new friends and attachments to institutions. Persistence appeared to be fostered following negative experiences and by making friends who had similar problems. This study is limited by its use of a non-representative sample and retrospective

data collection that contained some omissions, e.g., information on delinquent behaviours during the planning period. However, findings are in line with previous research; how opportunities are used and how an individual develops depends largely on the individual, his agency, the social environment and institutions and the development of the structural situation (Zdun 2011:322).

Various subjective explanations of desistance have been proposed but the individual's role in the desistance process remains under-theorised (Healy 2010a). Many offenders have suggested that their successful desistance was the result of subjective changes including shifts in identities, re-evaluation following negative experiences or feelings of shame due to their criminal behaviours (e.g., Farrall 2005, Giordano, Cernkovich and Rudolph 2002, Maruna 2001). What is important is the focus on the cognitive transformations that offenders experience. Overall it could be argued that criminals' cognitions and subjective changes play an important part in the early stages of desistance, particularly acting as catalysts for behaviour changes. However, the long-term impact and the relevance of these subjective changes to the maintenance of desistance, particularly as this is an on-going process rather than simply the termination of offending, remains unclear (Healy 2010a). Teaching offenders cognitive skills may not necessarily have long-term impacts on recidivism; while it can have significant short-term effects this does not necessarily seem to reduce offending in the long-term (see Merrington and Stanley 2004). This fact is supported by the findings that after attending programmes that address cognitive change, the impact of treatment diminishes when controlling for risk factors (Taylor 2000), or following a period of two years (Raynor and Vanstone 1997). This would therefore suggest that paying attention to only cognitive aspects of the subjective experiences associated with desistance might be insufficient when attempting to understand permanent behaviour changes.

#### 1.4 Discussion

In examining the literature on desistance and general offending behaviour, which particularly focused on population heterogeneity, state dependence and

subjective factors, it is apparent that understanding and disentangling the factors associated with desistance is a complex task. Generally researchers suggest that desistance needs to be considered as a process. The life-course perspective presented by Laub and Sampson (2001) provides a robust framework to aid our understanding of desistance as a process. However, it has been suggested by Paternoster and Bushway (2009) that whilst the life-course perspective includes consideration of agency, it seems to occupy a secondary position to structure, and that more consideration needs to be given to the role of agency, as desistance requires an intentional and motivational change of an individual's identity. Overall, research to date endorses an interactive perspective, as desistance is a fluid, complex, and dynamic process where the interaction between individual factors, cognitive processes, and social influences must be considered.

It is possible that certain factors may be more prominent at different stages of the desistance process. For example, Healy (2010a) suggests that criminal cognitions are prominent at the early stages of change, particularly in relation to primary desistance. Healy found that individual or static factors (e.g., age and criminal history) were influential during both primary (one month crime free) and secondary desistance (one year crime free), but are not related to reconviction long-term. In addition, Healy proposed that social factors played only minor roles in primary and secondary desistance but become salient over time (Healy 2010a:169). The role of agency throughout this process also needs careful consideration. Giordano, Cernkovich and Rudolph (2002) suggested that agency is the primary factor in desistance, as desistance is an active process based on individual motivation to change and recognition of opportunities to change. Similarly, Paternoster and Bushway (2009) emphasised the fundamental change in the self, or change of identity that is required 'up front'. This results in an individual changing his/her course of life, which is then followed and maintained by structural factors. Farrall, Bottoms and Shapland (2010) suggest that structural *changes* in society (e.g., in employment, marriage and criminal justice system) are also particularly important in their interactions with human agency as they may enable or constrain the desistance process.

Consideration must also be given to turning points related to desistance or shifts that redirect a process (Abbott 1997), but these again need to be understood within the context of other structural processes such as race, ethnicity and social class. This raises the question of whether different theories are required for subpopulations reflecting age, ethnicity and gender. Based on the importance placed on understanding desistance within the context of structural processes, this line of enquiry would seem a necessary theoretical development. The relevance of subpopulations has been examined in relation to a vast amount of psychological and criminological subjects and now needs to be extended to include the life-course and the desistance process. Gaining more empirical evidence that further aids our understanding of the desistance process will provide clear guidance on what is required in treatment and intervention programmes, in order to assist individuals in creating offending-free lifestyles. Therefore, researchers need to examine the point of termination of offending, as well as the mechanisms that are evident while individuals are in the process of desisting, which suggests a focus on both dynamic and static factors is required.

There remain many anomalies in the literature on desistance that raise unanswered questions and now need to be fully addressed. More attention is required regarding the conceptualisation, measurement and definition of desistance. There are several considerations that are critical when defining and measuring desistance. For example, there is the need to distinguish between desistance as an end state, versus desistance as a process (Laub and Sampson 2001). Furthermore, a consensus needs to be reached regarding what is the best criteria to judge whether desistance has occurred (i.e., complete termination, or reduction in severity and frequency), if this should be captured through official or self-report data (although arguably an integration of the two would offer a more complete picture), and the length of follow-up periods that are required. It could be argued that different research questions may require different stances in relation to these factors, although research needs to be transparent on any decisions made in relation to these issues. Currently, the observed variations in how these factors have been operationalised within studies contribute directly to the lack of clarity

concerning the causes and correlates of desistance (Kazemian 2007). Based on all these difficulties, perhaps the time has now come to reserve the usage of the term 'desistance' to research based only on criminal career data that examine behaviours across the whole lifespan, and which ultimately requires data to be collected until the individual is deceased. A more useful conceptualisation is that of the *suspension* of offending behaviours (Woffordt, Mihalic and Menard 1994). Suspension can be observed at different points in time; as can the triggers that lead to suspensions of offending behaviours and the mechanisms that maintain these suspensions over one, two, three, ten, twenty etc. years. Comparisons can then be made (cross-sectionally and longitudinally) to see if different processes are responsible at the start of the suspension process, or over time, as suspensions are maintained. This term is more indicative of the fact that the process involved is not static but dynamic and until that end of life data are gathered retrospectively, no guarantees can be made that this process/change of behaviours is permanent. In relation to measurement, suspension is clearly an on-going process that does not have a finite end, so researchers can identify what aspects or point in time of the suspension process they wish to examine and do so within samples that fit their chosen parameters. Comparisons can then be made across different points in time. In relation to the measurements of this process, this does not resolve the issue regarding reliability of recording of offences, but this can largely be addressed with the collection and integration of official, self-report and other (parents, teachers etc.) report data.

Due to the heterogeneity of offenders, desistance research needs more focus on within-individual changes, as it is difficult to establish clear differences between groups such as desisters and persisters (Kazemian 2007, Laub and Sampson 2001, Mulvey et al. 2004); therefore, individual trajectories need to be examined. In longitudinal studies, individuals can be used as their own controls and changes in cognitive, social and subjective factors can be examined in relation to desistance. This means that the debate on stability and change can be examined (i.e., propensity), as well as social factors and the role of agency within the process. It has been argued by Kazemian (2007) that such a focus on within-

individual change might provide an opportunity to monitor individuals and, therefore, provide information on crucial periods in the desistance process where specific support may be required. The heterogeneity of offenders also raises another issue that requires consideration: the process of desistance and the factors associated with it are likely to be different depending on the type of offending behaviours that are being examined. This would suggest that comparisons across different types of offending behaviours are also required in order to achieve a full and complete understanding of desistance.

### 1.5 Research aims and questions

Desistance research has developed greatly, although this has generally been examined within the criminological literature. As identified many important questions remain unexplored. It is clear from the review on desistance from general offending that an integrated and interactive model of desistance, which acknowledges the role of individual stable traits, social / environmental factors and individual subjective change, is required in order to start developing a comprehensive understanding of how individuals cease their offending behaviours and remain crime free. However, a psychological understanding of desistance from violence and from IPV is also required as this may assist in developing this framework further.

In this research the aims are to explore the role that individual, social / environmental factors and subjective change (personal agency) play in the process of desistance from male perpetrated IPV, and to develop and examine a multifactorial theory of desistance from male perpetrated IPV. The research questions that have been developed in order to achieve this are:

- (i) What are the criminological and psychological factors associated with the process of desistance from violent offending behaviours in comparison to desistance from general offending?
- (ii) What are the factors pertinent specifically to the process of desistance from IPV?

- (iii) Based on an empirical investigation are there individual factors (personality and clinical syndromes) that differ between men who desist from IPV and men who persist in IPV?
- (iv) Based on qualitative analysis what is the process of change that men experience in order to achieve desistance from IPV, and specifically
  - What are the triggers, transitions and processes that are evident for those that have successfully desisted from IPV?
  - How do these transitions and processes differ for desisters and persisters?
  - How do internal and external factors promote or hinder desistance from IPV?
  - What are the factors most related to maintaining violence free relationships?

## 1.6 Structure of the thesis

In order to achieve the research aims and answer the proposed research questions, the rest of the thesis will take the following structure:

In *Chapter two* there will be an examination of the criminological and psychological factors associated with the process of desistance from violent offending behaviours in comparison to desistance from general offending. This will be achieved in the format of a critical literature review examining what is currently known about desistance from violent behaviour. In this chapter the social factors are examined, as well as the risk and protective factors that are associated with desistance from violence. This literature review was submitted and successfully accepted for publication and the published article is presented as Chapter 2.

In *Chapter three* there will be an examination of the factors specifically pertinent to the process of desistance from IPV. In this chapter the relevance of typology research, the dyadic nature of IPV, the stability of violence and behavioural change

will be explored in relation to desistance. This chapter was also accepted for publication and the published article is presented as Chapter 3.

*Chapter four* is the general methodology chapter. The triangulation approach adopted in this study will be outlined and key definitions and measures will be discussed. In addition an insight into critical realism will be presented, as this is the chosen epistemological framework for the research outlined in this thesis.

In *Chapter five*, the individual factors (personality and clinical syndromes) of men who desist from IPV and men who persist in IPV will be examined in order to see if they differ. A group who have not used violence will also be included as a control measure. Characteristics will be assessed using the Millon Clinical Multiaxial Inventory-III (MCMI-III; Millon et al. 2009), a scale that is used to measure personality and clinical dysfunctions (24 in total). The aim is to explore the role of personality and clinical dysfunction in the desistance process by examining differences between desisters, persisters and controls on MCMI-III subscales.

In *Chapter six* the qualitative analysis of the process of change that men experience in order to achieve desistance from IPV will be presented. An exploratory approach will be taken to investigate what is happening in the men's lives when they use violence, what initiates their decisions to change, how this progresses and what happens in their lives to enable them to continue to desist from IPV. In order to achieve extensive insight in to the process of desistance that captures a range of viewpoints, experiences of desisters and persisters as well as survivors of IPV and individuals who have facilitated treatment programmes for partner violent men will be included in the analysis.

*Chapter seven* is where a revisit of the initial research aims and questions, a synthesis and integration of the findings of the two studies and a general conclusion will be presented. The implications of the research will be discussed as well as the direction that future research needs to take.



## 2.0 Chapter 2: Desistance from violence

### 2.1 Aims

In the first chapter an overview of the conceptual frameworks used to understand and theorise desistance from general offending was presented. In this chapter the aim is to address the first research question, what are the criminological and psychological factors associated with the process of desistance from violent offending behaviours in comparison to desistance from general offending? In order to achieve this and understand what is currently known in relation to desistance from violent behaviours, a critical review examining desistance from generally violent behaviours is presented in this chapter.

### 2.2 Psychological and criminological factors associated with desistance from violence: A review of the literature

The literature review that follows was accepted for publication in *Aggression and Violent Behaviour* on 03.01.13. The published article will therefore be presented for Chapter 2

## 2.3 Published article from Aggression and Violent Behavior





























### 3.0 Chapter 3: Desistance from IPV

#### 3.1 Aims

Very few researchers have looked at desistance from IPV, which is surprising given that this understanding should be a prerequisite for evidenced-based interventions. Therefore, the aim in this chapter is to examine what is currently known about desistance from IPV, and address the second research question, what are the factors pertinent specifically to the process of desistance from IPV? These findings can be compared to the knowledge already accrued regarding desistance from general offending (Chapter 1) and desistance from violence in general (Chapter 2).

#### 3.2 Desistance from intimate partner violence: A critical review

The literature review that follows was accepted for publication in *Aggression and Violent Behaviour* on 20.10.12. The published article will therefore be presented for Chapter 3.



### 3.3 Published article from Aggression and Violent Behavior



Page3

















## 4.0 Chapter 4: General methodology

### 4.1 Aims

In the first chapter the findings to date regarding desistance from general offending, were explored. The following two chapters addressed the first two research questions through two critical reviews examining desistance from violence, and more importantly desistance from IPV. The final two research questions will be addressed using empirical investigation (Chapter 5) and qualitative analysis (Chapter 6) and the findings will be triangulated in Chapter 7. Prior to this, in this chapter a general methodological overview is provided that relates to both Chapter 5 and 6. The chosen design, followed by an overview of the participants who contributed to the research will be presented initially. The key terms and concepts will be operationalised and then the justification and rationale for the choice of measures used in the study will be provided. The epistemological framework will then be presented to conclude the chapter.

### 4.2 Overarching research design

#### 4.2.1 Mixed methodology

A mixed methodological approach is where the “investigator collects and analyzes data, integrates the findings and draws inferences using both qualitative and quantitative approaches in a single study or program of inquiry” (Tashakkori and Creswell 2007:4). A mixed method has become recognised as advantageous, as it can benefit from the respective strengths of both qualitative and quantitative approaches (Östlund et al. 2011). In this research the aim is to examine the different characteristics of desisters and persisters *and* to gain an understanding of the triggers, transitions and processes that are evident for successful desisters. These aims lend themselves to a mixed methodological approach based on the specific features and characteristics associated with qualitative and quantitative methods. The main characteristics of qualitative research are induction, discovery, exploration, and theory/hypothesis generation, whereas for quantitative data the characteristics are deduction and hypothesis testing (Östlund et al. 2011).

Therefore quantitative methods (confirmatory approach) are used to examine the hypothesis that characteristics of desisters and persisters differ (discussed in Chapter 5), and qualitative methodology (exploratory approach) are implemented to investigate the triggers, transitions, and processes associated with desistance (detailed in Chapter 6).

It has been argued by Johnson and Onquegbuzie (2004) that a distinctive feature of a true mixed methods approach is the integration of the qualitative and quantitative findings, which can be done during data collection, analysis, or at the interpretative stage. In the current research, parallel data analysis was the analytical approach used. This approach has been used widely (e.g., Hanson et al. 2005, Johnson and Onquegbuzie 2004, Östlund et al. 2011) and is where the collection and analysis of each data set (i.e., one qualitative and one quantitative) is undertaken separately and then the findings are consolidated at the interpretation stage (Onwuegbuzie and Teddlie 2003). These findings are then integrated into meta-inferences, i.e., conclusions are generated from inferences obtained from both parts of the study (Teddlie and Tashakkori 2009). Therefore in the current study, integration will take place at the interpretative phase (simultaneous triangulation) when the results from both sections of the study are brought together and examined (discussed in Chapter 7).

#### 4.2.2 Rationale for quantitative analysis

There is ample evidence that personality characteristics are relevant in differentiating those who have used violence against an intimate from those who have not (e.g., Dixon, Hamilton-Giachritsis and Browne 2008, Ehrensaft, Cohen and Johnson 2006, Holtzworth-Munroe 2000). It is likely, therefore, that there will be significant differences in the characteristics of desisters, persisters, and those who have not used violence in a relationship. No researchers to date have purposefully examined and compared the characteristics of these three groups. In order to remedy this omission the current research has been undertaken in order to compare the psychological characteristics of desisters, persisters and controls

(please see Chapter 5), using the MCMI-III (Millon et al. 2006). A quantitative approach was deemed appropriate as the researcher was in the position of knowing what she was looking for (a requirement of quantitative designs; Robson, 2002), i.e., group differences in characteristics. The aim was to test theories and hypotheses and quantitative research is the conventional route to take in order to achieve this (Bryman 2012). A quantitative design enables flexibility in the analysis of the data in terms of comparative and statistical analysis, as well as the option to repeat data collection to verify reliability (Jones 1997). As Kruger (2003:18) notes “quantitative methods allow us to summarize vast sources of information and facilitate comparisons across categories and over time”. The most effective and reliable way to collate data regarding the characteristics of interest was by using numerical data from established, reliable and validated psychometrics. Therefore quantitative analyses of the characteristics of desisters, persisters, and controls were employed in order to generate some interpretable results about the causal relationship between the characteristics of individuals and desistance from IPV. Qualitative research is not an appropriate methodology for examining causal inferences and the differences between groups on certain predetermined variables; quantitative research is appropriate and hence was the chosen methodology (the analytical strategy undertaken for the quantitative study is presented in Chapter 5, page 108).

#### 4.2.3 Rationale for qualitative methodology

Researchers who employ qualitative methods are concerned with meaning and how people experience events and manage situations and so this is a useful analytical framework for generating new research in an area that has received little attention (Willig 2001). Currently, the process of change that is related to successful desistance from IPV has not been specifically examined. The purpose of the current research was to understand the triggers and transitions evident for those who successfully desist, how these transitions may differ for desisters and persisters, and how these experiences feature in the desistance process. There is some limited previous qualitative research (see Chapter 3) where the researchers

have examined behaviour changes in men completing treatment programmes but with no measures put in place to assess if the men have stopped using violence against their partners. In addition there is an absence of research that includes multiple perspectives. Silvergleid and Mankowski (2006) suggested that inclusion of multiple perspectives offers a more reliable source of information particularly as men who use violence against their intimates are open to denial and minimisation of their behaviours (e.g., Catlett, Toews and Walilko 2010, Flinck and Paavilainen 2008). Therefore the perspectives of survivors and treatment providers (i.e., Offender Managers and Programme Tutors) were also examined. A qualitative approach was selected, as this is an appropriate methodology to achieve the research aims, i.e., gain an understanding of the experiences of those who have attempted to change their behaviours, based on multiple perspectives, in an area that has not been previously examined. Qualitative approaches are well suited to exploratory research studies, particularly where the focus is on achieving an insight into people's attitudes, behaviours, and motivations (Ritchie and Lewis 2003). Quantitative data in isolation can only be used to investigate specific variables that, based on previous research, are included in the selection criteria of the researcher(s). This, by its very nature, means that the researcher imposes specifically chosen variables (generally limited by what we already know) and meaning on the research. Therefore, few opportunities are left for the individuals participating in the research to identify their own ways of understanding and experiencing the phenomena under question (Onwuegbuzie and Leech 2005). As so little is known about desistance and each individual is likely to have varied experiences, it was observed that using quantitative data in isolation would not fully capture the different processes that men experience. In order to achieve depth in understanding, it was felt that this research would benefit from an examination of desistance from different perspectives. Thus, interviews were conducted with desisters and persisters, as well as survivors and treatment providers in order to incorporate multiple perspectives.

A qualitative methodology and specifically thematic analysis (Braun and Clarke 2006) was deemed to be the most appropriate method for generating

exploratory research in an area that to date has been neglected. This approach enabled the researcher to develop multiple interpretations of the data that were collected. The full rationale for using thematic analysis is included as part of the analytical strategy outlined in the Chapter 6, page 155.

#### 4.3 Participants

The difficulty with the current research and indeed within IPV research generally is the recruitment of participants. It is challenging to identify and gain access to individuals in the community whom regularly use physical violence in a relationship, yet have no convictions. Therefore, the most appropriate and ethically sound recruitment procedure is via rehabilitation programmes, which are accessed through self- or court-referral. Hence, participants were recruited from both court-mandated samples and self-referral samples in the community. Splitz Support Service Wiltshire, The Hampton Trust Southampton, Strength to Change Hull, (all self-referral services) and Wiltshire and West Mercia Probation (services for those who are court mandated), were the agencies that provided access to their clients for both the qualitative and quantitative parts of the study. An overview of each of these services is provided in Appendix 3. Recruitment of survivors was achieved through women support workers from these organisations. Finally Offender Managers and Programme Tutors (to be referred to collectively as facilitators) were also recruited through these organisations. The control sample was an opportunity sample recruited using a snowball sampling approach through friends, acquaintances, and colleagues.

Different numbers of participants were required for the qualitative and quantitative aspects of the study. Of the numbers of participants included in each aspect of the study, their corresponding mean ages and ethnicity are detailed in Table 4.1. In addition as the participants were recruited from both probation (court-mandated) samples and community (self-referral) samples, the breakdown of the number of male participants recruited from each of these groups has been included in Table 4.1. It has also been identified if the facilitators worked in the community or for probation and if the survivors' partners had been court-mandated

to treatment through probation or had self-referred themselves to a community programme.

Table 4.1 Participant numbers, age and ethnicity for quantitative and qualitative studies

| Study                 | Group        | <i>n</i> | <sup>Δ</sup> C(SR)<br>( <i>n</i> ) | <sup>▲</sup> P(CM)<br>( <i>n</i> ) | Age<br>Range | <sup>1</sup> Mean Age<br>and SD | % of<br>sample<br>White<br>British |
|-----------------------|--------------|----------|------------------------------------|------------------------------------|--------------|---------------------------------|------------------------------------|
| Quantitative Analysis |              |          |                                    |                                    |              |                                 |                                    |
|                       | Controls     | 49       | 0                                  | 0                                  | 21-74        | 41.0 (10.4)                     | 100.0                              |
|                       | Desisters    | 37       | 13                                 | 24                                 | 23-66        | 38.6 (9.5)                      | 89.2                               |
|                       | Persisters   | 50       | 21                                 | 29                                 | 19-59        | 35.0 (9.7)                      | 92.0                               |
| Qualitative Analysis  |              |          |                                    |                                    |              |                                 |                                    |
|                       | Desisters    | 13       | 4                                  | 9                                  | 24-55        | 38.0 (10.3)                     | 92.3                               |
|                       | Persisters   | 9        | 2                                  | 7                                  | 26-50        | 36.0 (8.1)                      | 88.9                               |
|                       | Facilitators | 9        | 7*                                 | 2*                                 | 28-55        | 43.7 (9.1)                      | 100.0                              |
|                       | Survivors    | 7        | 3*                                 | 4*                                 | 28-62        | 49.14 (7.19)                    | 100.0                              |

<sup>Δ</sup>C(SR) self-referred to community programmes

<sup>▲</sup>P(CM) court-mandated through probation

\*denotes if facilitators delivered the programmes to C(SR) or P(CM)

\*denotes if survivors' partners were C(SR) or P(CM)

The numbers of participants required was informed by both the availability of suitable participants and the different types of analysis being undertaken. For the quantitative study the original plan was to analyse the data using MANOVA

<sup>1</sup> There was a significant difference between the ages of the participants in each group (controls, desisters and persisters)  $F(2, 133) = 4.48, p < .05$

The controls had a higher mean age ( $M = 40.96$  SD 10.35) than the persisters ( $M = 35.04$ ,  $SD = 9.74$ ). Post hoc independent  $t$  test revealed this difference was significant,  $t(97) = 2.93, p = .004$  (Bonferroni corrected  $p \leq .01$ ). However, the post hoc  $t$  tests revealed that no significant difference was found between the ages of controls and desisters ( $M = 38.59$ ,  $SD = 9.46$ ), and the persisters and desisters.



(see Chapter 5 page 108). It has been suggested that in relation to MANOVA cell sample size, it is necessary to have more cases than dependent variables in every cell (Tabachnick and Fedell 2007), which would equate to more than 25 participants in each group. Dancey and Reidy (2008) are more conservative in their estimate with the minimum being 12 participants per cell being cited. The cell size within this sample fits both these criteria. However, following initial inspection of the data MANOVA was deemed to be unsuitable (see Chapter 5 page 108) and it was decided that non-parametric analysis would be undertaken. Prior to undertaking the non-parametric testing, G\*Power analysis for a  $\chi^2$  analysis with a medium effect size and to achieve a power of 0.80, established that a sample size of 108 was required. The sample size of 136 is therefore acceptable in size to detect group differences if present.

For qualitative data, there are no agreed formal guidelines regarding the maximum or minimum number of participants required (Cheek 2000, Guest, Bunce and Johnson 2006). Differing opinions have been expressed, e.g., Bertaux (1981) argued that fifteen is the smallest acceptable sample size in qualitative research, whereas Kuzel (1992:41) recommends six to eight interviews for homogenous samples and 12 to 20 data sources when looking to achieve 'maximum variation'. Cresswell (1998) suggests a range between five and 25 interviews for a phenomenological study and 23 interviews for a grounded theory study. No such guidance has been found in relation to thematic analysis. It has been identified that data should be collected until saturation is met, but this means that the researcher will not know initially how much data to collect, yet most data are collected upfront and prior to analysis (Bryman 2012, Cheek 2000, Guest, Bunce and Johnson 2006), as was the case for the current study. However, Guest, Bunce and Johnson (2006:17) concluded for studies with a high level of homogeneity "a sample of six interviews may [be] sufficient to enable development of meaningful themes and useful interpretations," but that 12 interviews should definitely suffice. Based on this it was decided that between 6 and 12 interviews per group (desisters, persisters, facilitators and controls) would be suitable guidelines for data collection. As can be seen by in Table 4.1, the persisters ( $n = 9$ ), facilitators ( $n = 9$ ), and

survivors ( $n = 7$ ), fitted within these guidelines. However, this was exceeded in the case of the desisters ( $n = 13$ ), because prior to any data collection it was not known how each interviewee would be classified (i.e., desister or persister) and during the last data collection session more desisters than persisters were recruited.

All of the male participants interviewed (both persisters and desisters) were currently in relationships. All of the persisters interviewed were at that point attending treatment and had been doing so for between two and six months. All the desisters interviewed had completed treatment programmes. It therefore needs to be noted that treatment may have played a possible role in the desistance process. This was discussed with the participants who were interviewed and the relevance of treatment is evident and presented in the qualitative study. In addition, it also needs to be noted that some of the information discussed by the participants may have been biased by treatment, in that those who had completed treatment may be more prone to giving socially desirable responses during their interviews. In the quantitative study, participant recruitment was planned so that desisters were recruited from individuals who had completed treatment, and persisters from those currently attending treatment or waiting to start treatment following assessment. All of those recruited, were asked to complete two questionnaires (see pages 87-90) one of which, the CTS2 was used to classify each participant as a desister or a persister (see page 88). Since the scales were completed anonymously it is not possible to say at what stage of treatment each participant was at, and whether the level of treatment completed was related to changes in personality pathology. Based on the recruitment strategy, however, the likelihood is that the majority of the desisters had completed treatment and the majority of the persisters were either about to start or were currently in treatment. It therefore needs to be noted that treatment may have played a role in the reduction of personality pathology for some, but this association was not directly measured.

## 4.4 Measures

### 4.4.1 Defining, operationalising, and measuring desistance from IPV

Laub and Sampson (2001:1) argued that the study of desistance is 'hampered by definitional, measurement, and theoretical incoherence.' A comprehensive discussion around the difficulties found in operationalising desistance is included in the previous three chapters; (please see pages 8-10, 51-52 and 62, which gives specific details of these issues). Overall, it was concluded that desistance is a process and has led researchers to conceptualise it into different stages. Uggen and Kruttschnitt (1998) used the term 'behavioural desistance' and suggested that desistance has two distinct components: the change from offending to non-offending *and* a permanent stage of non-offending. Laub and Sampson (2001) also identified desistance as two processes: the first as the causal processes of desistance; and the second as the termination or the outcome of the process. Loeber and LeBlanc (1990) extended these two components by separating desistance into four components: deceleration (slowing down of offending); specialisation (reduction in variety); de-escalation (reduction in the seriousness); and reaching a ceiling (remaining at a level of seriousness in offending and not escalating to more serious levels). This definition leads to another question around whether desistance can only be said to exist if the offending rate drops to zero, or whether desistance is present if offending drops significantly in either frequency and/or seriousness. It has also been suggested by Mulvey et al. (2004) that if desistance is defined as a decline in frequency or seriousness, other distinctions need to be made. For example, regarding frequency, a distinction needs to be made as to whether desistance is a decline in absolute frequency (complete termination), or a decline in the rate of behaviours from relatively high rates to a relatively lower rate. In relation to seriousness a further distinction needs to be made between defining desistance as a drop in seriousness of the most serious form of offending during specific time periods, versus a drop in average seriousness (of all offending) during a pre-specified time period (Mulvey et al. 2004:220). Based on such findings it is clear that there is a need for each piece of

research to clearly articulate how desistance will be defined and measured by identifying what parameters are being used. Although it appears that there is a common expectation that desistance is a process, a clear quantifiable definition of this process has yet to be agreed.

The extent of variability in conceptualisations of desistance is exemplified by issues associated with the measurement of desistance, which has led to ambiguity and disparity within the desistance literature (Kazemian 2007, Laub and Sampson 2001). This has also been discussed and explored in Chapters 1-3 (please see pages 8-9, 51-52 and 65 for specific details). The main problem is that throughout the literature, definitions of desistance encompass very different time frames (e.g., from six months to up to the age of 70) and quantifiable variables (e.g., arrests, reconvictions, self reported offending). A table has been provided in Appendix 1 to illustrate the substantial degree of variability in the conceptualisation of desistance across empirical studies of desistance from different types of offending, which has led to disparate results regarding the causes and correlates of desistance from crime.

As identified in Chapter 3, in relation to specifically measuring desistance from IPV, there is no consistency in the methodology of measuring desistance, although measures are generally 'static'. Bushway, Thornberry and Krohn (2003) argued that static measures can be criticised as they provide arbitrary cut-off points, chosen because of the nature of the sample and which fail to encapsulate the heterogeneity of offenders (i.e., stopping after one or two minor offenses is likely to be qualitatively and quantitatively different from stopping a long career of many offenses). The same authors also note that there is no way to know if the follow-up period is long enough to determine if an individual has really stopped offending.

The difficulties in defining and operationalising desistance raise three important issues. Firstly, some of the shorter follow-up times may reflect termination of that behaviour at one specific time, or false desistance, rather than the true cessation of offending behaviours. Secondly, it is very difficult to make generalisations and comparisons from research with different definitions, follow-up periods and parameters. Thirdly, the issue is raised relating to the measurement or

quantification of desistance, i.e., through official records or self-report means (see Chapter 1 page 8). Linked to this third issue is the question of whether the outcome measure should be based on reconviction (subsequent convictions for another offence), reoffending (illegal acts committed by an individual, but of a previously committed criminal activity), or recidivism (those who lapse back into previous patterns of criminal behaviours that can include actual offending but also offence related behaviours that in essence are not in themselves illegal; Falshaw et al. 2003). Falshaw and colleagues (Falshaw et al. 2003) suggested that although reconviction is a standard outcome measure, it is a narrow and proxy measure as it relies on someone being caught and convicted. The use of reconviction data is also reliant on accurate recordings of reconvictions. Therefore, it tends to be suggested that using official records provides an incomplete and biased measure (Dobash et al. 1999, Friendship et al. 2001, Friendship, Falshaw and Beech 2003). Friendship et al. (2001) conducted a comparison in the UK of the Offenders Index and Home Office database and the Police National Computer of the conviction data for sex offenders and found there were differences in the information recorded by both data bases and neither source appeared more reliable than the other. Measuring reconviction of IPV is further complicated by the lack of a specific IPV criminal act, so the perpetrators' charges will vary (e.g., assault, actual bodily harm or grievous bodily harm), which makes it difficult to accurately capture and compare data.

Reoffending includes officially recorded data and un-detected criminal offending. Undetected criminal offending can be identified through self-report, victim report, police call out data and also unofficial reports, e.g., through local social agencies. Marques et al. (1994) suggested that using both official and unofficial reports is the best methodological approach to take, but this relies on accuracy of recording and good communication between individuals and agencies. Recidivism is the broadest of the terms and measuring it is a resource-intensive task that is also reliant on good communication between agencies. It may not be possible to access all the records that are needed to get a complete measure of recidivism, as this measure requires an analysis of a vast number of different

behaviours and the ability to capture all of these is likely to be exceptionally difficult. However, Bowen (2011) has suggested that the distinction between reconviction, reoffending and recidivism is useful and that these definitions should be considered when examining IPV. She proposes that reconviction refers to subsequent convictions for a standard list offence within a context that reflects IPV; reoffending is the perpetration of an illegal act in a context that reflects IPV (regardless of whether caught); and recidivism is behaviour associated with IPV whether illegal or not, i.e., controlling behaviours (Bowen 2011:150). All of the methodologies used to record IPV are open to validity and reliability issues and the onus needs to be placed on the researcher to consider the merits of each approach. For each study an evaluation is required to select the most appropriate and practical method.

All of this information regarding the difficulties found in defining and measuring desistance was therefore taken into account and guided the operationalisation of terms for the current study. Ultimately, based on all the difficulties identified, accurate identification of desistance is reliant on end of life data. Therefore a more useful conceptualisation is to understand desistance from IPV as 'suspension' (Woffordt, Mihalic and Menard 1994) of the behaviour, as this is more appropriate for data that do not cover the life span. The parameters set for the current thesis encompasses a time period of one year, so 'suspension' is a more appropriate conceptualisation for describing the discontinuance of physical violence in the observed data set, given that it cannot be known if any offences will occur after completion of the study. Therefore, desistance of IPV is defined as suspension of violence against an intimate partner for at least one year, based on self-reports of physical violence, given previous incident(s) of physical violence within an intimate relationship. This definition comes with the premise that as identified in Chapter 1 (page 2), IPV in the current thesis has been defined as 'an act by a male, carried out with the intention or perceived intention, of causing physical pain or injury to his female intimate partner'.

The outcome measure of desistance (or continuation) of IPV was reoffending, i.e., formally detected and un-detected incidents of physical IPV. Reconviction

alone was not chosen, as it was felt that this is too broad a measure and is a weaker assessment of the true extent of IPV. This is particularly true given the difficulties inherent in trying to identify convictions for IPV incidents. Although recidivism has been seen as the 'gold standard' as an outcome measure (Gondolf 2004), restriction of access to some agencies, the timescales of the project, and limited access to participants would not enable a comprehensive enough review of all behaviours to be completed, in order to confidently quantify recidivism.

Reoffending was measured through self-report (in responses CTS2) and file notes.

Therefore, for definition and grouping purposes, and based on file notes where available and applicable:

- (i) Controls were those who self-reported on the CTS2 that they had not used physical violence in their relationships either in the past year or within their lifetimes;
- (ii) Persisters were those who self-reported on the CTS2 they had used physical violence within the last year; and
- (iii) Desisters were those who self-reported on the CTS2 they had used physical violence within their lifetimes but did not report the use of physical violence within the past year.

#### 4.4.2 The Revised Conflict Tactic Scale

The CTS2 was developed exclusively to detect IPV (Reichenheim and Moraes 2004) and is the most widely used instrument for measuring IPV (Jose, Olino and O'Leary 2012, Straus and Douglas 2004, Vega and O'Leary 2007). It comprises 78 items designed to assess conflict in intimate relationships that are represented by a five factor model: negotiation, psychological aggression; physical assault; sexual coercion; and, injury. Frequency with which the individual has engaged in these five factors is measured on a seven point likert scale (0 = never, 1 = once, 2 = twice, 3 = 3-5 times, 4 = 6-10 times, 5 = 11-20 times, 6 = more than 20 times and 7 = not in the past year but it happened before). Items relate to both the respondent and to his partner. Initial analysis of the CTS2 revealed internal

consistency of the five subscales with reliability ranging from .79 to .95 and preliminary evidence of construct validity (Straus et al. 1996). A later study by Newton, Connelly and Landsverk (2001) that utilised confirmatory factor analysis to investigate factor validity of scores on the CTS2 yielded support for the five factor model, with satisfactory internal reliability for the five scales ranging from .79 to .95; the same confirmation regarding the five dimensions is offered by Lucente et al. (2001).

#### 4.4.3 The Millon Clinical Multiaxial Inventory III

The Millon Clinical Multiaxial Inventory III (MCMI-III; Millon et al. 2009) is a 175-item personality inventory with each item responded to in a true / false format. The instrument yields four validity scales (Validity Index, Disclosure, Desirability, and Debasement) and 24 clinical scales. The first 11 scales measure personality styles or moderate disorders (schizoid, avoidant, depressive, dependent, histrionic, narcissistic, antisocial, sadistic (aggressive), compulsive, negativistic (passive aggressive), and masochistic (self-defeating); elevations on these suggest exaggerated or rigid personality traits that can be classified as personality disorders as found in the DSM –IV (American Psychological Association 1994). The next three scales measure severe personality dysfunctions (schizotypal, borderline and paranoid) and are thought to be rigid personality patterns and represent more advanced stages of personality pathology (Millon et al. 2009). The seven clinical syndrome scales (anxiety, somatoform, bi-polar (manic), dysthymia, alcohol dependence, drug dependence, and posttraumatic stress disorder) and three severe clinical syndromes of noticeable severity (thought disorder, major depression, and delusional disorder) approximate DSM-IV (APA 1994) Axis 1 disorders. A comprehensive overview of the definitions of the subscales can be found in the handbook (Millon et al. 2009); however, a very brief overview of some of the main characteristics that are associated with each of the subscales is presented in Table 4.2.



The MCMI-III is interpreted using base-rate (BR) transformation scores, which is a distribution that utilises prevalence rates to maximise diagnostic efficiency (Gibertini, Brandenburg and Retzlaff 1986). BR scores are therefore not like *T* scores commonly used in other psychometric instruments, as they are based on the prevalence of a trait or disorder in a psychiatric population (Choca 2004). A BR of 60 is the median prevalence score in a psychiatric population and BR of 35 is the median score for non-clinical populations. In addition two other aspects of prevalence of the disorders are distinguished; a BR score greater than 74 (BR>74) is the prevalence figure for the presence of a clinically significant trait or presence of a syndrome. Individuals who score above 74 possess in some clinically significant degree the trait or disorder being assessed (Gibertini, Brandenburg and Retzlaff 1986). A BR score greater than 84 (BR>84) reflects the prevalence figure for the presence of a disorder or prominence of a particular syndrome (Millon et al. 2006), which is indicative that the trait and symptoms are at the diagnostic level (Craig 2008). This suggests that the individual is characterised as displaying that trait or disorder as a dominant element in his/her clinical picture (Gibertini, Brandenburg and Retzlaff 1986). Any MCMI-III BR score lower than 75 is generally considered to be a non-clinical elevation (Rossini and Choca 2008).

When researchers have studied personality pathology and the characteristics of those who use violence against an intimate, the MCMI has been used extensively (e.g., Gondolf 1999, Hamberger and Hastings 1991, Retzlaff, Stoner and Kleinsasser 2002, Simmons et al. 2005, Tweed and Dutton 1998, White and Gondolf 2000). The MCMI is particularly favoured as a measure in typology research (e.g., Hamberger et al. 1996, Holtzworth-Munroe et al. 2000, Holtzworth-Munroe et al. 2003, Tweed and Dutton 1998, Waltz and Babcock 2000). A strength of this inventory is that it can be used to generate profile reports for individuals that include several levels of information regarding the structure of their personalities and these reports have been argued to be more clinically meaningful than sub-scales in isolation (Choca 2004). Profile reports can be used to identify patients who require more intensive evaluation or professional attention. MCMI profiles have been used to identify clusters of IPV perpetrators and their

associated characteristics in a variety of samples including court mandated perpetrators (Gondolf 1999), perpetrators attending voluntary community programmes (Mauricio and Lopez 2009), veterans who have used IPV (Rothschild et al. 1997) and female IPV offenders (Simmons et al. 2005). Alpha coefficients across the clinical scales of the MCMI-III in past studies have ranged from .66 to .99 (suggesting high internal consistency) and test re-test correlations range from .82 to .96 with a median stability of .91 across scales (Huss and Langhinrichsen-Rohling 2006:575). In addition, overall validity of the scale has been demonstrated from the high correlations seen between the MCMI and other test scores and clinical ratings (Millon et al. 2009). The MCMI was developed to accurately assess disorders classified by the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; American Psychological Association 1994) and is particularly well suited for investigating the presence of personality disorders (Beasley and Stoltenberg 1992). This factor, the validity and reliability of the MCMI-III and the frequent and extensive use of the measure in relation to IPV suggests that it is an appropriate psychometric to use to examine personality pathology in relation to desistance and persistence of IPV - a comparison that has not been examined to date.

*Table 4.2: Brief overview of characteristics associated with the MCMI-III subscales*

|   | Scale                                 | Overview   |
|---|---------------------------------------|--|
| Personality Styles<br>(Scales 1-8B)         | 1. Schizoid                           | Socially detached, aloof, distant, emotionally suppressed  |
|   | 2A. Avoidant                          | Socially anxious, insecure, worthlessness and self blaming   |
|   | 2B. Depressive                        | Downcast, gloomy, feelings of worthlessness, recurrent sadness   |
|   | 3. Dependent                          | Passive submissive, fears of rejection, self blaming   |
|   | 4. Histrionic                         | Gregarious, centre of attention, extroverted trait   |
|   | 5. Narcissistic                       | Self-centered, arrogant, feelings of superiority   |
|   | 6A. Antisocial                        | Irresponsible, vengeful, aggressive, angry, provoke fear in others to control them                       |
|   | 6B. Sadistic (Aggressive)             | Controlling , abusive, aggressive  |
|   | 7. Compulsive                         | Orderly, organised, good morals perfectionist (done to avoid chastisement from authority)                |
|   | 8A. Negativistic (Passive Aggressive) | Disgruntled, argumentative, petulant, loss of control over anger, cruel behaviours                       |
| Personality Dysfunctions<br>(Scales S-P)    | 8B. Masochistic (Self-Defeating)      | Self-sacrificing, submissive, mild depression  |
|   | S. Schizotypal                        | Self-absorbed, cognitively confused, self conscious  |
|   | C. Borderline                         | Erratic, emotionally intense, depressed, unstable relationships  |
| Clinical Syndromes<br>(Scales A-R)          | P. Paranoid                           | Rigid, defensive, hold delusions, mistrusting  |
|   | A. Anxiety                            | Anxious, tense, apprehensive, nervous tension  |
|   | H. Somatoform                         | Preoccupied with minor physical problems   |
|   | N. Bipolar: Manic                     | Excessive energy, impulsive, manic, inflated self esteem   |
|   | D. Dysthymia                          | Depressed, low self-esteem, pessimistic, guilt   |
|   | B. Alcohol Dependence                 | History of alcohol abuse, traits associated e.g. impulsivity, selfishness, aggressiveness towards family |
| Severe Clinical Syndromes<br>(Scales SS-PP) | T. Drug Dependence                    | History of drug abuse, traits associated e.g. antisocial practices, rationalisations, irresponsibility   |
|   | R. Post Traumatic Stress              | Unwanted intrusive memories, reports of trauma and flashbacks  |
|   | SS. Thought Disorder                  | Thought disorders psychotic proportions, delusions   |
|   | CC. Major Depression                  | Severely depressed, unable to function day to day, withdrawn   |
|   | PP. Delusional Disorder               | Paranoid, delusions, irrational  |

The MCMI-III was normed on 600 clinical individuals with cross-validation conducted across 398 clinical subjects (Gibbons, Collins and Reid 2011).

Reliability and validity studies have suggested that generally the MCMI is a well-

constructed psychometric instrument (Groth-Marnat 2009). For the MCMI-III internal measures have been strong (Millon et al. 2009), and alpha coefficients exceed .80 for 20 of the 26 scales; Depression scale was highest with .90 and Compulsive scale was the lowest with .66. Test re-test reliability is moderate to high; it is reported in the test manual that following intervals of 5 to 14 days a reliability median of .91 (the highest being .96 for Somatoform and the lowest .82 for debasement). Test re-test reliability has also been found to be acceptable over longer periods, e.g., five days to six months (Craig 1999) and spanning four years (Lenzenweger 1999). In relation to validity, previous versions are found to generalise to newer versions, as the correlations between the versions are moderately high (Groth-Marnat 2009). Various correlations have also been found between the MCMI-III and related instruments; for example, the Beck Depression inventory, the General Behaviour Inventory, the Michigan Alcohol Screening Test, the State-Trait Anxiety Inventory and the MMPI (Millon et al. 2009); detailed correlations are found in the MMCI III manual. In addition using factor analysis researchers have found support for the keying of items and the clustering of factors (Choca et al. 1996). The MCMI-III was selected for this study as it is a valid and reliable tool and is a useful instrument to assess the personalities of males who have used IPV (Craig 2003).

#### 4.5 Procedure

Ethical approval was obtained from Coventry University's Research Ethics Committee. Ethical approval was also obtained from the National Offender Management Service (NOMS) through the Integrated Research Approval System (IRAS) to recruit male offenders, facilitators and survivors from individual probation trusts. Gatekeeper permission was provided by each of the organisations that were involved in the study. Confirmation of ethical approval can be found in Appendix 4.

Before participating in either part of the study, all participants were given an information sheet that explained the nature of the study. All participants were informed about their right to withdraw from the study at any point during the

procedure, and up to two weeks following completion of the questionnaires or interviews. Signed consent was obtained from each participant. Following completion of the questionnaires and interviews, the participants were all thanked and provided with a debrief sheet that reiterated the nature of the study, their right to withdraw and the process to follow if they wished to exercise this right.

In order to maintain anonymity and minimise disruption for the offender groups and controls, the questionnaires were administered through a variety of routes. The offenders either filled in the questionnaires during a group treatment session, during one-to-one assessments or following receipt of the questionnaire in the post. The researcher collected some of the questionnaires personally following completion in group sessions, while the others were sent via the post. No identifying names were kept with the questionnaires only the unique codes that were assigned to each participant. All participants were given the right to refuse and it was not known who and if any participants exercised this right. For the controls, the questionnaires were sent and returned in the post and again no identifying names were ascribed to the completed questionnaires. For the participants who took part in the interviews confidentiality was assured. Each participant was assigned a unique code and it was explained that no names or potentially identifying information (e.g., partners' and children's names) would be used in the thesis. However it was iterated that anonymity could not be guaranteed because the interviews were all face-to-face, and because during questioning they may respond using specific phrases that then may be reported word for word in the thesis, this may inadvertently identify them to others.

As the study involved working with those classed as vulnerable, the researcher obtained Criminal Records Bureau (CRB) clearance prior to conducting the study. To further ensure safety of all parties, all interviews were conducted either at probation offices or the centres where the men attended treatment. The exception to this was for six of the survivors who were interviewed in their own homes. A convenient time was arranged to do this, and for those who were still in a relationship with their partners, this was done when the partner was not there. This arrangement was made following approval from the women's safety worker

that this was deemed to be safe for all parties. The remaining one survivor was interviewed at probation where her support worker was based, as this was the most convenient location for this participant.

### *Quantitative study*

All participants were initially approached by their support workers and asked if they would consider participating in a research study. If individuals agreed, during initial assessments (prior to joining a treatment group) or during various stages of treatment programmes, individuals were asked to complete two questionnaires, either within their group settings, or in a one-to-one session. Controls were initially contacted by the researcher by email or telephone and asked if they would be prepared to take part in the study and if they had any other suitable contacts who might also participate. All of the controls were given their questionnaires individually and required to mail them back to the researcher following completion. Participation was voluntary and no incentive was given for completing the questionnaires.

All questionnaires were scored manually following the instructions provided in their corresponding manuals. All CTS2 questionnaires were completed fully by all the participants with no apparent errors or item omissions. The MCMI-III was checked for validity. In relation to debasement and disclosure, the protocol for identifying invalidated profiles was followed (Millon et al. 2006). Scoring adjustments were made following protocol on all the scores dependent on disclosure scores, and on the subscales that are known to be affected by elevated scores on the desirability and debasement scales to ensure that none of the profiles used were invalidated (Craig 2008). Of the 139 data sets collected, only three profiles were invalid, one due to high inconsistency scores (above 10), and two profiles because their raw scores for disclosure were above 178. These were therefore not included in the study. The data for the remaining 136 participants were included in the analysis.

All data were stored in a locked cabinet with no identifying information attached to any of the questionnaires. All data that were inputted and analysed were done so on a password protected computer.

### *Qualitative study*

All participants were interviewed on a one-to-one basis in a private room. For the offenders and facilitators this was done at the location where they attended or delivered treatment programmes. The interviews were all semi-structured but followed slightly different formats dependent on the type of interviewee. The basic structure of the interviews for the IPV men included background information and details of the use of violence within relationships and included questions such as: “Do you think there are any issues that led you to use violence?” This was followed by questions that tapped into the processes change and included questions like: “When did you start to think about change?” “Can you describe when and how you made the change from being violent to your partner to stopping using violence?” and “What do you think it would take for you to stop using violence in your relationship?” These were tailored depending on if the man was a desister or persister in that the desisters were questioned about how they have actually stopped using violence, whereas for the persisters the line of questioning focused on how they think they could stop using violence. The survivors and facilitators were asked about their backgrounds regarding either working with offenders, or their experiences as victims of IPV. This led to questions about their opinions on how they thought men stopped using violence. The interview schedule for facilitators included questions such as “Can you describe the process and stages that you have observed with individuals who have desisted from IPV?”. Interviews with survivors included questions such as “What is the single most important thing that happened that stopped your partner from being violent?” A copy of the interview schedule used for each group can be found in Appendix 5.

The researcher recorded all of the interviews. The duration of the interviews was between 34 minutes and 2 hours 11 minutes, although the average length was 58 minutes. All recordings were downloaded to a password-protected

computer and the original recordings on the portable tape recorder were deleted. All participants were asked if they wanted to check the transcripts once they had been written up, but nobody did.

#### 4.6 Epistemological position

A researcher's epistemological position is important as this must match methodological decisions and what the researcher wants to learn and understand. It also informs what the researcher can say about the data and how meaning can be theorised (Braun and Clarke 2006). Desistance is facilitated by changes in structure (social bonds) but agency plays a prominent role in the process in relation to identity changes (see Chapter 3). Farrall (2002) has suggested that structural factors influence desistance, as they become meaningful social attachments. However, an understanding of agency and how an individual influences the desistance processes is required, i.e., how agency influences the triggers, transitions and maintenance of behaviours. Generally it is argued that desistance needs to be understood as an interaction between structure and agency (Barry 2010), which is the position that has been adopted for the current thesis. An understanding is required of how and what factors influence the individual to make the transitions towards desistance and its maintenance (Bottoms et al. 2004). In order to achieve this, retrospective accounts were collected, that are reliant on recall from the participants that can lead to rationalisation and justifications for actions and behaviours (Thakker, Ward and Navathe 2007). Therefore, how individuals perceive situational contexts in relation to their persistence will firstly be explored. This will also be analysed in relation to the triggers and transitions that lead to individual's behaviour change and the maintenance of non-violent behaviours. It is important to understand how contexts enable or constrain the strategies employed by the individuals when they are using violence and then when they achieve relationships that are violence free. This therefore lends itself to adopting a theoretical position that is underpinned by critical realist epistemological assumptions.



Critical Realism offers an important mediated viewpoint between the conflicting principles of realism and constructivism (Sayer 2000). Those who adopt a realist epistemological approach contend that there is an objective truth and that motivations, experience, and meaning, can be theorised in a straightforward manner because of the unidirectional relationship between experience meaning and language (Potter and Wetherall 1987). Language enables individuals to articulate experiences and meanings. Realists assert that objects in the physical, social, and psychological world exist independently of our representations of them (Searle 1995). These representations include perceptions, thoughts, language, beliefs and desires, or put another way all the ways we experience the world and ourselves (Cromby and Nightingale 1999). For realists, language is a passive device for expressing thoughts and emotions. Conversely, constructionists deny that our knowledge is a direct perception of reality, as meanings and experiences are socially produced and are not something that are inherent in individuals, who construct their own versions of reality through language (Burr 1995). Therefore, both the ways that people are, and the worlds that they experience are products of social processes (Cromby and Nightingale 1999). Individuals' understandings of the world are historically and culturally specific. This moves the focus away from motivation and individual psychologies and attempts to theorise the sociocultural contexts and structural conditions that produce the accounts that individuals construct (Braun and Clarke 2006). Constructionism therefore links our narratives (or beliefs) about the world and ourselves, to our actions, so that our view of the world shapes how we respond to it (Houston 2001). For constructionists, language is a form of social action and more than simply a means to express ourselves (Burr 1995). Critical realism, however, incorporates the assumptions of both realism and constructivism. Sayer (1992) offers a detailed and comprehensive account of critical realism, and his overview of the key assumptions and how they relate to both realism and constructivism is presented in Appendix 2.

Critical realists assume that there is a real world out there that exists independently of our perceptions, but that our understanding of the world is a construction from our own perspectives (Maxwell 2012:5). Critical realism focuses

on ontology (what entities exist and how can they be grouped) and mechanisms not events, i.e., what produces the events not just the events themselves (Danermark et al. 2001). In the words of Bhaskar (1978:13), the question is “what properties do people possess that make them objects of knowledge?” Critical realists suggest that the world is structured, differentiated, stratified and changing (Danermark et al. 2001). Reality, therefore, consists of mechanisms and these can generate an event, which once experienced becomes an empirical fact. Researchers need to focus on the mechanisms and not solely on the events. Regarding the debate as to if the world exists independently of consciousness, critical realists argue that it is two-fold; the external world is independent of consciousness *and* a dimension that includes our ‘socially determined knowledge about reality’ (Danermark et al. 2001:5). Easton (2010:119) suggests that critical realism is suited to ‘thoughtful in-depth research with the objective of understanding why things are as they are.’ In critical realism language is understood as creating and constructing social realities but these constructions are constrained by possibilities and limitations that are inherent in the world around us (Sims-Schouten, Riley and Willig 2007). Bhaskar (1989) argued that a critical realist epistemological position combines both the role of agency in constituting the social world and the realisation that people’s actions will be influenced by societal mechanisms that are independent of individuals’ thoughts. Archer (2007) using a critical realist approach also suggested that individual action is the interaction of structure within particular social contexts and the role of agency in making choices regarding specific goals and objectives. This approach is, therefore, relevant to the current study as it allows for an examination of how individuals mediate social situations in relation to what they want to achieve and the behaviours that they choose to use in order to do this. This approach can be used to explore how structural factors are received by perpetrators of IPV who are in similar positions, and then how such individuals mediate these structures, and how this will then result in very different courses of action for individuals, i.e., desistance and persistence. A critical realist’s perspective reflects the concerns central to this

study of desistance from IPV: (i) How and why do individuals initiate change in the first instance? (ii) How and why do they intend and manage to maintain it?

Critical realists suggest that the process of research should be conducted through retrodution, which is “a mode of inference in which events are explained by postulating (and identifying) mechanisms which are capable of producing them” (Sayer 1992:107). By using retrodution, the researcher combines the best of inductive and deductive research processes in order to make valid representations of social life (Sæther 1998). Sayer (1992) proposed inference that does not merely suggest that event A had been followed by event B but understands how A gave rise to B is the thrust of retrodution. Similarly Lawson (1997:24) associated retrodution with ‘as if reasoning,’ a process that locates ‘beneath the surface’ causal mechanisms. Houston (2010:82) suggests that retrodution comprises several steps that have been used as guidance in the current research. Step one starts with the question: “what must be the case in order for events to occur as they do?”. This is based on an initial reading of the situation and an identification of what meaning the individuals are attributing to the situation (i.e., what are the structures and mechanisms in place that influence the individuals to persist and desist from IPV?). Second the researcher, based on prior knowledge (particularly systematic reviews, e.g., relevance of different characteristics of men whom use IPV), will look for patterns that provide information or inferences to explain the observed effects. In the third stage, the researcher seeks evidence for the effects he/she is observing and using qualitative methods such as interviewing to identify meaning, reason, intentions and motivations, i.e., how is desistance conceptualised in the data collected? If the findings observed seem robust, the fourth stage involves looking for events and data that might contradict them – this stage may involve refining exploratory hypotheses. The final stage is a critical appraisal in order to scrutinise, jettison or retain the hypotheses observed (see Houston 2010:82-86).

#### 4.7 Conclusion

The mixed methodological approach described in this chapter has been employed in order to examine the different characteristics of desisters and persisters *and* to gain an understanding of the triggers, transitions and processes that are evident for successful desisters. The use of psychometric tests with offenders and non-offender groups will enable the investigation of discriminating characteristics between desisters, persisters and controls (Chapter 5). The interview data will then enable the researcher to analyse and identify the process of change that is experienced as men attempt to stop using violence against their partners (Chapter 6). Details of the treatment of data are presented in each relevant chapter, as are any divergences from the procedures already outlined.

5.0 Chapter 5: A comparison study to examine the differences in psychological characteristics of IPV desisters, persisters and those who have not used violence in a relationship

## 5.1 Aims

In the review presented in Chapter 3 it was clearly identified that a proportion of men who use violence in a relationship desist from IPV over time. However, research examining desistance from IPV is in its infancy, and the focus to date has been on the extent to which it occurs, rather than investigating why and how men desist or the characteristics of such men. The purpose of the research presented in this chapter, therefore, was to take a first step to remedy this omission using empirical investigation to address the research question, are there individual factors (personality and clinical syndromes) that differ between men who desist from IPV and men who persist in IPV? To date there has been no published study that has examined differences in personality traits between desisters, persisters and those who have not used violence against an intimate (as a control group), so a comparison between these three groups using the MCMI-III (Millon et al. 2009) was undertaken.

## 5.2 Introduction to study

Many researchers have reported an existence of personality pathology among those who use IPV, although the extent of this varies (Dutton and Starzomski 1994, Hale et al. 1988, Hamberger and Hastings 1986, Hamberger and Hastings 1988, Hart, Dutton and Newlove 1993, Langhinrichsen-Rohling, Huss and Ramsey 2000). For example, Hamberger and Hastings (1986), in a US sample of men attending treatment for IPV (consisting of a mixture of both mandated and self-referred men), found that only 12 out of their 99 participants showed no evidence of personality disorder or other psychopathology based on the MCMI (Millon 1987), the Novaco Anger Scale (Novaco 1975) and the Beck Depression Scale (Beck et al. 1961). Hale et al. (1988) using the MMPI found

personality pathology in 85% of their sample of men voluntarily attending community treatment programmes in the US. With the same inventory used to assess a group of court-mandated men (who attended an eight week treatment programme, again in the US), Flournoy and Wilson (1991) found that 63% evidenced pathology. Other researchers (Langhinrichsen-Rohling, Huss and Ramsey 2000) using the MMPI-II in a community sample in the US found a lower rate of 49% of personality pathology. However, higher rates of pathology prevalence of between 88 - 90% (Hamberger and Hastings 1988, Hart, Dutton and Newlove 1993, Johnson et al. 2006) and 79% (Dutton and Starzomski 1994) have been found in court and self-referred men in the US and Canada when the MCMI was used. These variations may be in part due to the diverse methods used to define personality pathology, because different instruments and cut off scores are used and because some of the samples were at different stages of treatment. Personality pathology is consistently found in samples of IPV men, and although rates vary the amount is generally over 50%. However, research has not been extended to date to make this comparison within groups of IPV men and specifically those who desist from and persist in violence towards an intimate.

Regardless of this omission and the differences in the extent of personality disorders in IPV men, many authors have identified that their samples possess a range of distinct personality traits (Dixon, Hamilton-Giachritsis and Browne 2008, Dutton and Starzomski 1994, Ehrensaft, Cohen and Johnson 2006, Gondolf 1999, Hale et al. 1988, Hamberger and Hastings 1991, Saunders 1992). Ehrensaft, Cohen and Johnson (2006) found in a 20-year longitudinal study of a community sample of IPV men (residing in New York) that three clusters of personality disorders (Cluster A paranoid, schizoid and schizotypal, Cluster B, borderline, narcissistic and antisocial and Cluster C dependent, avoidant and obsessive/compulsive) were independently associated with perpetrating partner violence. Hale et al. (1988) administered the MMPI to 67 men who had been abusive in their relationships and identified evidence of three distinct personality profiles: those who had elevations on almost every clinical scale; others who did not show any clinical elevations; and, those whose profile indicated a '24/42, 2

point' code type<sup>1</sup> (e.g., feelings of inadequacy, low ego, strong tendencies to addictions and dependency tendencies). Other personality disorders associated with the need to control others (e.g., antisocial and narcissistic) and self-concept and identity (borderline) have also been proposed as being relevant in differentiating those who have and have not used violence against intimates (Gottman et al. 1995, Hamberger and Hastings 1988, Hamberger et al. 1996, Holtzworth-Munroe et al. 2000, Tweed and Dutton 1998). It has been suggested that a limitation of this research generally, however, is the absence of a control group (Gibbons, Collins and Reid 2011, Hamberger et al. 1996, White and Gondolf 2000). This means that it is not clear whether IPV men have distinctly different profiles from men who have not used IPV. Based on these findings it might be plausible that personality pathology is related to the continuation (persister) and cessation (desister) of violence against an intimate, but this needs investigation as it has not been specifically explored and so shall be the focus of the current study. A control group will also be used as a comparison group for both desisters and persisters.

The prevalence of personality disorders in men who use violence against their intimates is typically examined when classifying meaningful sub-groups of offenders in IPV research. Identifying the commonalities and differences in personality disorders across IPV perpetrators is one factor that has been used to form typologies of IPV offenders that have been developed. A particularly influential typology of this nature was developed by Holtzworth-Munroe and Stuart (1994) following a comprehensive review of 15 IPV perpetrator typologies. The authors employed deductive approaches (e.g., subgroups formed using clinical observations or a priori hypotheses) as well as inductive approaches (e.g., factor or cluster analysis of participants' scores on measures). The authors suggested that batterer subtypes could be classified along: (a) severity and frequency of the husband's marital violence, (b) generality of the man's violence (i.e., marital only or also extrafamilial), and (c) the batterer's psychopathology or personality disorder

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<sup>1</sup> These are profiles based on primary elevations of the MMPI scales. For 24/42 primary elevations are on subscales 2 (depression) and 4 (psychopathic deviate) or 4 and 2

characteristics. Using these dimensions, three subtypes of batterers were proposed: family only (FO), dysphoric/borderline (DB), and generally violent antisocial men (GVA). These sub-types of batterers form the basis of Holtzworth-Munroe and Stuart's (1994) developmental model that integrates numerous distal and proximal variables from intrapersonal-level theories of marital violence. The FO perpetrators used the lowest and least severe and frequent levels of violence and were the least likely to engage in psychological and sexual abuse. The violence of this group tended to be restricted to family members and these individuals showed little psychopathology and either no personality disorders or passive dependent personality disorder. The DB perpetrators engaged in moderate to severe abuse of their partners including psychological and sexual forms of abuse. The victims of this group are mostly family members but there are also some extra-familial victims. This group is the most dysphoric, psychologically distressed and emotionally volatile. These individuals may show borderline schizoid personality disorders and have abused alcohol and/or substances. The GVA perpetrators engage in moderate to severe marital violence including psychological and sexual abuse. These individuals are more likely than the perpetrators from the other groups to use violence against non-family members, have histories of criminal activity, and abuse alcohol and drugs. Individuals in this group are the most likely to have an antisocial personality disorder.

Since the development of Holtzworth-Munroe and Stuart's (1994) tri-modal typology of IPV men, many other researchers have attempted to validate the typology (e.g., Delsol, Margolin and John 2003, Holtzworth-Munroe 2000, Monson and Langhinrichsen-Rohling 2002, Murphy, Taft and Eckhardt 2007, White and Gondolf 2000). Generally, the three sub-types that represent FO, DB and GVA are identified in these studies (e.g., Dixon, Hamilton-Giachritsis and Browne 2008, Hamberger et al. 1996, Langhinrichsen-Rohling, Huss and Ramsey 2000, Mauricio and Lopez 2009, Monson and Langhinrichsen-Rohling 2002). For example, Hamberger et al. (1996), using data from 833 men court referred for relationship violence, identified three types of offenders, based on cluster analysis of MCMI scores. These three sub-types were labelled as: (a) nonpathological, i.e., FO; (b)



passive - aggressive dependent, i.e., DB; and, (c) antisocial, i.e., GVA. Similar sub-types were also found in domestically violent men who were treated at an outpatient mental health facility (Langhinrichsen-Rohling, Huss and Ramsey 2000), in a sample who reported sexual and or dating violence (Monson and Langhinrichsen-Rohling 2002), in men attending intervention programmes in the community (Mauricio and Lopez 2009), and in men who murdered their female intimate partners (Dixon, Hamilton-Giachritsis and Browne 2008). These studies mainly include samples from the US but the participants from the study by Dixon and her colleagues were men imprisoned in England, suggesting the sub-types are replicable across both countries.

Holtzworth-Munroe et al. (2003) found that this typology is also relevant to desistance. Longitudinal data were used to examine if subtypes identified at time one continued to differ at one and a half- and three-year follow-ups. This research included a fourth subtype, Low Level Antisocial (LLA; Holtzworth-Munroe et al. 2000) that was not part of the original theoretical typology but an artefact of later empirical testing. The LLA perpetrators were intermediate to the FO and the other two groups on the measure of their severity and frequency of marital violence. On the MCMI-III (Millon 1994) for fear of abandonment they fell in between the severe groups. However, on the antisociality scale while they resembled the extreme groups they differed significantly to the FO and non-violent group. Holtzworth-Munroe et al. (2003) compared participants on a battery of questionnaires including the MCMI-III. They found that over a three-year period FO and LLA offenders engaged in lower levels of violence than DB and GVA offenders and that violence was more stable (i.e., aggression did not escalate to more severe incidents) for the former groups, compared to the latter groups. In addition, it was found that 40% of the FO men and 23% of LLA men desisted but only 14% of DB and 7% of GVA men desisted. The findings in relation to the FO group are particularly interesting, as this group represent men in the early stages of relationship violence, and previous cross-sectional research has identified that these men are likely to progress towards more serious violence (e.g., Saunders 1992). However, in the data presented by Holtzworth-Munroe et al. (2003), this

group are the most consistent in their use and levels of violence and may actually continue to have low risk of marital violence over time. This may in part link to the lower levels of personality pathology found in this group. The findings by Holtzworth-Munroe et al. (2003), compared to those from Saunders are potentially more robust as the research was one of only two studies to gather longitudinal data and examine within-individual changes, i.e., if sub-types, levels of violence and individual characteristics change over time. Based on the overall findings of Holtzworth-Munroe and colleagues, it should follow that differences in certain characteristics are associated with each type, i.e., antisocial behaviour, attachment, impulsivity, personality traits and psychopathology are likely to be associated with desistance and conversely persistence of offending. Hence, these two groups have been selected for the current study. A control group will also be used to examine if desisters and persisters have very different personality pathologies to controls, or whether for some as indicated by typology research (e.g., FO who are more likely to desist) their profiles are not radically different to those who have not used violence in their intimate relationships.

The MCMI-III has been used extensively to study personality pathology and the characteristics of those who use violence against their intimates (see Chapter 4). Craig (2003) supports the use of the MCMI to assess the personality of those who abuse their partners as it characterises them as individuals who: act impulsively and minimise and externalise blame; are overly aggressive and prone to abusing substances (Craig 2003:241). Other researchers have used this measure have revealed distinct types of IPV offenders who are characterised by the following features: antisocial, narcissistic, borderline and dependent (Craig 2003, Gondolf 1999, Hamberger and Hastings 1986, Hamberger and Hastings 1991, Retzlaff, Stoner and Kleinsasser 2002, Rothschild et al. 1997, Simmons et al. 2005, Tweed and Dutton 1998, White and Gondolf 2000). Typology researchers suggest that personality pathology is likely to be more evident in persisters than desisters (Holtzworth-Munroe et al. 2003) and therefore it is likely, and will be proposed that the scores on the subscales of the MCMI-III will be higher for the persisters than the desisters, and in turn than the controls. However it is proposed

that this will be the case for 21 of the 24 subscales. This is because for three of the subscales, (compulsive, narcissistic and histrionic), elevations of these scales relate to personality strengths rather than pathology, as it has been suggested that in the absence of pathology these scales will be elevated (Millon et al. 2006). This therefore would suggest that the scores are likely to be higher in the controls than the desisters and in turn than the persisters.

Finally of note in relation to the current study, a strength of the MCMI is that it can be used to generate profile reports for individuals (Choca 2004). Only two studies to date (Gibbons, Collins and Reid 2011, White and Gondolf 2000) have done this in relation to IPV and in both cases the researchers found high frequencies of individuals classified within a 'severe personality level' based on profiling in their samples.

To date, it is clear that there is an association between personality disorders and IPV but no study has examined and compared the personality subscales of men who have desisted from IPV with those who have persisted and those who have never used IPV. In addition, profiling on the MCMI is rarely done in relation to IPV, and currently no research has specifically compared the profiles of desisters and persisters. Therefore, the aim of this study is to determine if there are differences between desisters and persisters within their psychological characteristics (as measured by the MMCI) to determine if some characteristics are associated more with desistance than persistence of IPV. It was hypothesised that:

- (1) The percentages of clinically relevant scores (i.e., personality traits and clinical syndromes with BR>74) will be significantly different between controls, desisters and persisters with the percentages of clinically relevant scores more prevalent among persisters than desisters and in turn more prevalent than in controls
- (2) There will be a significant difference between controls, desisters and persisters in the MCMI-III personality and clinical syndrome scores. It is expected that the scores will be higher for persisters, desisters then controls for 21 of the subscales, but that the controls will have higher

scores than the desisters then in turn the controls in the compulsive, narcissistic and histrionic subscales.

- (3) There will be an association between personality level (severe, moderate, and low) and offending group (desister and persister) based on personality profiling. It is expected that persisters will be associated with the severe personality level and desisters associated with the low personality level.

### 5.3 Analytical strategy

There were two main foci of the analytical strategy: (1) data screening and (2) inferential analysis. The data screening was conducted to establish the most suitable statistical tests to use, to assess for consistency in the scores between court-mandated and self-referred men, to examine response bias amongst the groups, and to confirm group allocation based on the CTS2. Only the results for the main analysis (i.e., those related to the hypotheses) will be reported in this chapter. The findings that relate to the data screening are presented in the appendices.

#### 5.3.1 Data screening

The data were screened to assess if the assumptions required for parametric testing (MANOVA and post hoc ANOVA) were met. Normal distribution (based on z skew, z kurtosis, visual analysis of normality graphs and Kolmogorov-Smirnov) and homogeneity of covariance matrices / variance (based on Levene's test and Box's test) were both violated for the majority of the subscales. Data transformation to resolve this issue was not deemed appropriate based on several factors. Firstly, the data transformations (square root transformation, log transformation, and reciprocal transformation) made the distributions more problematic in terms of normality and did little to correct the issues with homogeneity. Secondly, transformations resulted in a different construct being

addressed to the one originally measured (Grayson 2004). It has been suggested that this may be a particular issue when looking at clinical constructs where symptoms (particularly in general populations) are likely to be positively skewed (Grayson 2004). Transformation may mean that the differences in scores between individuals may not be so diverse and that the construct being measured will not include the extreme scores of the clinical syndrome under investigation (Grayson 2004:112). Finally, Millon BR scores use criterion scoring not normative referencing (Retzlaff 1992), which is used in most psychological tests. Criterion referencing, therefore, models the prevalence of a disorder, e.g., if 15% of the population has depression, is your individual being measured part of that 15%. It is the individual's position in relation to a criterion that is important and not how different the individual's score is from the mean of the normal population (Harwood, Beutler and Groth-Marnat 2011:277). Criterion referencing does not force distributions to normality as it anchors BR scores to actual prevalence rates of a disorder within clinical settings, as opposed to anchoring cut-off scores to an invariable statistic (i.e., an individual's relative position within a normal population), as found in norm-referencing and standardised scores (Bow, Flens and Gould 2010, Retzlaff, Dunn and Harwood 2011). This means that for criterion referencing it is not important how far the patient's score is from the mean of the population but what the person's position is in relation to a particular criterion. Therefore, as a normal distribution is not typical for measures based on criterion referencing, it made little sense to attempt to transform the distribution of the MCMI-III to normality.

As the data screening indicated that the assumptions required for parametric testing were not met, the data was subjected to non-parametric analyses (Kruskal-Wallis  $H$  and post hoc Mann-Whitney  $U$ ), and multiple comparisons were accounted for by employing Bonferroni adjustments (Howell 2002). Effect sizes for these non-parametric analyses were calculated by converting  $z$  into the effect size estimate,  $r$ , using  $r = z / \sqrt{N}$ .

As the offenders were taken from both self-referred community treatment programmes SR(C), and court mandated treatment programmes via probation

CM(P), a comparison was made of the scores of each group on the CTS2 and MCMI-III (using Kruskal-Wallis analyses to examine if group had an effect on the measures and Mann-Whitney for post-hoc comparisons). Previous research has shown that these groups may be different in their psychological characteristics and use of violence (e.g., Bowen and Gilchrist 2004, Dutton and Starzomski 1994, Hamberger and Hastings 1991, Saunders and Parker 1989). Analyses were therefore conducted to assess the comparability of these two groups. There were no consistent statistically significant differences in the scores on the CTS2 or the subscales on the MCMI-III between these two groups (see Appendix 6) and they are treated as a combined group for the remainder of the analyses.

IPV is not a socially condoned behaviour and as a result it would not be surprising if the men who took part in the study tried to respond in socially desirable ways, for example, minimising the level and severity of violence, which is known to be common among IPV offenders (Catlett, Toews and Walilko 2010). Furthermore, some personality characteristics associated with PD are not socially desirable and respondents may under report these. This would have an impact on the reliability of the findings of the study. An analysis of response bias was therefore undertaken by examining Spearman's rho correlation coefficients between social desirability scores and the subscales on the MCMI-III. In addition, a comparison was made between the desisters, persisters, and controls of the three response bias scores on the MCMI-III (Kruskal-Wallis and Mann-Whitney tests) to establish if any group over- or under-reported psychological traits or clinical syndromes. It was found that there were strong negative correlations between social desirability and all but three subscales of the MCMI-III (histrionic, narcissistic and compulsive), the majority of which were statistically significant (see Appendix 7). Response bias scores for all three scales were all significantly different between the groups and post hoc analysis revealed that the controls and persisters, and the desisters and persisters had significantly different scores on all three response bias scores. Overall, the controls and desisters were alike in their response biases, presenting themselves in a more desirable light, and the persisters presented themselves less favourably.

Scores on the CTS2 were used to allocate men to groups: desister, persister and control. Kruskal-Wallis and post-hoc Mann-Whitney analyses were conducted on the five subscales of the CTS2 to confirm that these groups used statistically different levels of violence against their partners. Although the use of physical violence in the last year was used as the measure for group allocation, it was felt that in order to add support that the controls, desisters, and persisters were discrete groups, the data should be screened for differences in the scales used to examine other factors associated with IPV. In particular, this would confirm that the persisters had not replaced physical violence with other forms of IPV. The results are presented in Appendix 8. Overall, it was found that the groups scores were significantly different on four of the subscales (psychological aggression, physical assault, injury, and sexual coercion), and trend analysis revealed higher median scores for the persisters, than the desisters, and in turn, than the controls. For negotiation (the fifth subscale), no significant between group difference was found. Post hoc analysis revealed that the controls and desisters did not significantly differ in all five scales based on their behaviours for the past year. However, the controls and persisters and the desisters and persisters had significant differences on all five of the subscales. Persisters, therefore, evidenced more psychological, physical, and sexual violence than the controls and desisters. This provided support for the three groups being discrete.

In the analyses that follow, comparisons of clinically significant scales (i.e., where Millon BR>74) between the controls, desisters, and persisters were made. There have been differences in the estimates made regarding the prevalence of personality pathology among domestically violent men, so an assessment was made of the generalisability of the data in this study with other studies that have used the MCMI with similar groups of offenders (Gibbons, Collins and Reid 2011, Gondolf 1999, Millon 1994). This analysis is reported in Appendix 9. Overall prevalence rates of MCMI measured characteristics generally fall within the range of those reported in the samples of IPV men, and the Millon psychiatric sample.

### 5.3.2 Inferential analysis and results

5.3.2.1 Differences in the percentages of clinically relevant scores (i.e., personality traits and clinical syndromes with BR>74) between controls, desisters and persisters

#### *Hypothesis 1*

The first hypothesis predicts that the percentages of clinically relevant scores (i.e., personality traits and clinical syndromes with BR>74) will be significantly different between controls, desisters and persisters, with clinically relevant scores being more prevalent among the persisters than desisters, and in turn more prevalent than the controls. The percentages of clinically significant (BR>74) MCMI-III sub-scale scores were calculated and chi-square analyses were then used to examine associations between these percentages across the three groups. Due to sample size and because in some cases the expected outcome values were less than five, Fisher's exact test for significance comparisons was used and Cramer's V reported to indicate effect size.

For the scales that assess personality styles the group percentages on each sub-scale and the chi-square data are presented in Table 5.1. Significant associations between group memberships and six subscales: avoidant, depressive, antisocial, sadistic, compulsive, and masochistic were observed with medium effect size. However, significant associations were not found for the schizoid, dependent, histrionic, narcissistic and negativistic subscales.



*Table 5.1: Percentages of clinically relevant scores for personality styles for controls desisters and persisters and significance of group on scores*

| Subscale                             | % within group where BR>74 |           |            | $\chi^2(2)$ | V   |
|--------------------------------------|----------------------------|-----------|------------|-------------|-----|
|                                      | Controls                   | Desisters | Persisters |             |     |
| 1 Schizoid                           | 0.0                        | 10.8      | 16.0       | 8.12        | .24 |
| 2A Avoidant                          | 4.1                        | 16.2      | 30.0       | 11.85*      | .30 |
| 2B Depressive                        | 0.0                        | 16.2      | 42.0       | 30.20*      | .33 |
| 3 Dependent                          | 8.2                        | 21.6      | 32.0       | 8.63        | .25 |
| 4 Histrionic                         | 28.6                       | 21.6      | 12.0       | 4.19        | .18 |
| 5 Narcissistic                       | 22.4                       | 18.9      | 12.0       | 1.91        | .12 |
| 6A Antisocial                        | 4.1                        | 27.0      | 34.0       | 14.19*      | .32 |
| 6B Sadistic (Aggressive)             | 0.0                        | 5.4       | 18.0       | 11.28*      | .29 |
| 7 Compulsive                         | 20.4                       | 13.5      | 0.0        | 10.82*      | .28 |
| 8A Negativistic (Passive Aggressive) | 4.1                        | 8.1       | 26.0       | 11.52       | .29 |
| 8B Masochistic (Self-Defeating)      | 2.0                        | 8.1       | 26.0       | 13.89*      | .32 |

\* Significant difference at  $p \leq .002$  (Bonferroni adjustment from  $p < .05$ )

For severe personality styles significant associations were identified for two (borderline and paranoid) out of the three scales, as seen in Table 5.2. There was a medium effect size for the paranoid subscale, but a large effect was seen for the borderline subscale.

*Table 5.2: Percentages of clinically relevant scores for personality dysfunctions for controls desisters and persisters and significance of group on scores*

| Subscale      | % within group where BR>74 |           |            | $\chi^2(2)$ | V   |
|---------------|----------------------------|-----------|------------|-------------|-----|
|               | Controls                   | Desisters | Persisters |             |     |
| S Schizotypal | 0.0                        | 2.7       | 14.0       | 9.69        | .27 |
| C Borderline  | 0.0                        | 10.8      | 46.0       | 35.52*      | .51 |
| P Paranoid    | 0.0                        | 5.4       | 24.9       | 16.75*      | .35 |

\* Significant difference at  $p \leq .002$  (Bonferroni adjustment from  $p < .05$ )

In relation to personality style and dysfunctions, for 8 out of the 14 scales there was a significant association between group and percentages of clinically relevant scores.

For the scales that are used to measure clinical syndromes, group played a significant role for four of the scales, which is shown in Table 5.3. Specifically, there were significant associations between group and the anxiety, bipolar, dysthymia and alcohol dependence sub-scales; the effect sizes were medium to large. No significant associations were found between group and somatoform, drug dependence, and post-traumatic stress.

*Table 5.3: Percentages of clinically relevant scores for clinical syndromes for controls desisters and persisters and significance of group on scores*

| Subscale                | % within group where BR>74 |           |            | $\chi^2(2)$ | V   |
|-------------------------|----------------------------|-----------|------------|-------------|-----|
|                         | Controls                   | Desisters | Persisters |             |     |
| A Anxiety               | 14.3                       | 32.4      | 68.0       | 30.94*      | .48 |
| H Somatoform            | 0.0                        | 0.0       | 8.0        | 7.09        | .23 |
| N Bipolar: Manic        | 4.1                        | 16.2      | 32.0       | 13.34*      | .31 |
| D Dysthymia             | 0.0                        | 0.0       | 34.0       | 33.42*      | .50 |
| B Alcohol Dependence    | 4.1                        | 35.1      | 40.1       | 19.06*      | .37 |
| T Drug Dependence       | 10.2                       | 21.6      | 38.0       | 10.72       | .28 |
| R Post-Traumatic Stress | 0.0                        | 5.4       | 10.0       | 5.08        | .19 |

\* Significant difference at  $p \leq .002$  (Bonferroni adjustment from  $p < .05$ )

In relation to severe clinical syndromes, significant associations were identified in only one (major depression) of the three scales, as shown in Table 5.4. The effect size was large.

*Table 5.4: Percentages of clinically relevant scores for severe clinical syndromes for controls desisters and persisters and significance of group on scores*

| Subscale               | % within group where BR>74 |           |            | $\chi^2(2)$ | V   |
|------------------------|----------------------------|-----------|------------|-------------|-----|
|                        | Controls                   | Desisters | Persisters |             |     |
| SS Thought Disorder    | 0.0                        | 0.0       | 10.0       | 8.92        | .26 |
| CC Major Depression    | 2.0                        | 13.5      | 50.0       | 34.83*      | .51 |
| PP Delusional Disorder | 0.0                        | 5.4       | 10.0       | 5.08        | .19 |

\* Significant difference at  $p \leq .002$  (Bonferroni adjustment from  $p < .05$ )

Overall, the percentages of clinically relevant scores (i.e., personality traits and clinical syndromes with BR>74) were significantly different between controls, desisters and persisters, for 13 of the 24 subscales measured using the MCMI-III. For 12 of these (avoidant, depressive, antisocial, sadistic, masochistic, borderline, paranoid, anxiety, bipolar, dysthymia, alcohol dependence and major depression), the clinical scores were more prevalent among persisters than desisters and in turn more prevalent than among controls, which is in line with the hypothesis. For compulsive this was reversed, as the clinical scores were more prevalent among the controls than the desisters and in turn more prevalent than among the persisters. However, for 11 of the 24 subscales (schizoid, dependent, histrionic, narcissistic, negativistic, schizotypal, somatoform, drug dependence, post-traumatic stress, thought disorder and delusional disorder) no statistically significant differences were identified, which does not support the hypothesis.

#### 5.3.2.2 Post-hoc follow-up comparisons

As the chi-square analyses revealed in 13 of the 24 subscales that the percentages of clinically relevant scores (i.e., personality traits and clinical syndromes with BR>74) were significantly different between controls, desisters and persisters, a 2 x 2 chi-square post-hoc follow-up analysis was undertaken. Three comparisons were made between (i) controls and desisters, (ii) controls and persisters, and (iii) desisters and persisters. Due to multiple testing a significance testing level  $p \leq .017$  is used in line with a Bonferroni adjustment from  $p < .05$ . Based on sample size and because in some cases the expected outcome values were less than five, Fisher's exact test for significance comparisons was used and Cramer's V was reported to indicate effect size.

##### (i) Controls and Desisters

The chi-square analyses revealed in 3 (out of the 13) subscales the percentages of clinically relevant scores (i.e., personality traits and clinical syndromes with BR>74) were significantly different between the controls and

desisters. As seen in Table 5.5 in relation to personality styles significant differences were found in two subscales, depressive and antisocial. In both instances there was a medium effect size.

*Table 5.5: Chi-square comparisons of percentages of clinically relevant scores for personality styles for controls and desisters*

| Subscale                        | $\chi^2(1)$ | V   |
|---------------------------------|-------------|-----|
| 2A Avoidant                     | 3.68        | .21 |
| 2B Depressive                   | 8.54*       | .31 |
| 6A Antisocial                   | 9.24*       | .33 |
| 6B Sadistic (Aggressive)        | 2.27        | .18 |
| 7 Compulsive                    | .69         | .09 |
| 8B Masochistic (Self-Defeating) | 1.75        | .14 |

*n* = 86

\* Significant difference at  $p \leq .017$  (Bonferroni adjustment from  $p < .05$ )

In relation to personality dysfunction there were no significant difference in the percentages of clinically relevant scores for the two scales (borderline and paranoid), between controls and desisters, as seen in Table 5.6.

*Table 5.6: Chi-square comparisons of percentages of clinically relevant scores for personality dysfunctions for controls and desisters*

| Subscale     | $\chi^2(1)$ | V   |
|--------------|-------------|-----|
| C Borderline | 5.56        | .25 |
| P Paranoid   | 2.71        | .18 |

*n* = 86

\* Significant difference at  $p \leq .017$  (Bonferroni adjustment from  $p < .05$ )

For the clinical syndromes only one scale, alcohol dependence was significantly different between the controls and desisters (Table 5.7). There was a medium to large effect size. For the dysthymia scale no-one in the desister group or the control group reported a BR>74 which explains why a chi-square statistic cannot be reported.

*Table 5.7: Chi-square comparisons of percentages of clinically relevant scores for clinical syndromes for controls and desisters*

| Subscale             | $\chi^2(1)$ | V   |
|----------------------|-------------|-----|
| A Anxiety            | 4.03        | .22 |
| N Bipolar: Manic     | 3.68        | .21 |
| D Dysthymia          | .0          | .0  |
| B Alcohol Dependence | 14.12*      | .41 |

*n* = 86

\* Significant difference at  $p \leq .017$  (Bonferroni adjustment from  $p < .05$ )

Finally, as seen in Table 5.8, no significant difference was found between the clinically relevant scores in the severe clinical syndrome scale, major depression.

*Table 5.8 Chi-square comparisons of percentages of clinically relevant scores for severe clinical syndromes for controls and desisters*

| Subscale            | $\chi^2(1)$ | V   |
|---------------------|-------------|-----|
| CC Major Depression | 4.28        | .22 |

*n* = 86

\* Significant difference at  $p \leq .017$  (Bonferroni adjustment from  $p < .05$ )

## (ii) Controls and Persisters

For all 13 of the subscales the percentages of clinically relevant scores (i.e., personality traits and clinical syndromes with BR>74) were significantly different between the controls and the persisters. Table 5.9 shows the results for the six subscales that represent personality styles and as can be seen the effects were medium for all of these scales except depressive where a large effect size was seen.

*Table 5.9: Chi-square comparisons of percentages of clinically relevant scores for personality styles for controls and persisters*

| Subscale                        | $\chi^2(1)$ | V   |
|---------------------------------|-------------|-----|
| 2A Avoidant                     | 11.69*      | .34 |
| 2B Depressive                   | 27.72*      | .52 |
| 6A Antisocial                   | 14.28*      | .38 |
| 6B Sadistic (Aggressive)        | 9.70*       | .31 |
| 7 Compulsive                    | 11.35       | .39 |
| 8B Masochistic (Self-Defeating) | 11.70*      | .34 |

*n* = 99

\* Significant difference at  $p \leq .017$  (Bonferroni adjustment from  $p < .05$ )

There were also significant differences found the between controls and persisters in the percentages of clinically relevant scores for both borderline and paranoid subscales. The effect was large for borderline and medium for paranoid (see Table 5.10).

*Table 5.10: Chi-square comparisons of percentages of clinically relevant scores for personality dysfunctions for controls and persisters*

| Subscale     | $\chi^2(1)$ | V   |
|--------------|-------------|-----|
| C Borderline | 29.36*      | .55 |
| P Paranoid   | 13.38*      | .36 |

*n* = 99

\* Significant difference at  $p \leq .017$  (Bonferroni adjustment from  $p < .05$ )

For the subscales that represent clinical syndromes and severe clinical syndromes, all were significantly different between the controls and persisters with effect sizes ranging from medium to large. These results are shown in Table 5.11 (clinical syndromes) and Table 5.12 (severe clinical syndromes).

*Table 5.11: Chi-square comparisons of percentages of clinically relevant scores for clinical syndromes for controls and persisters*

| Subscale             | $\chi^2(1)$ | V   |
|----------------------|-------------|-----|
| A Anxiety            | 29.42*      | .55 |
| N Bipolar: Manic     | 12.97*      | .36 |
| D Dysthymia          | 20.11*      | .45 |
| B Alcohol Dependence | 18.47*      | .43 |

*n* = 99

\* Significant difference at  $p \leq .017$  (Bonferroni adjustment from  $p < .05$ )

*Table 5.12: Chi-square comparisons of percentages of clinically relevant scores for severe clinical syndromes for controls and persisters*

| Subscale            | $\chi^2(1)$ | V   |
|---------------------|-------------|-----|
| CC Major Depression | 29.39*      | .54 |

*n* = 99

\* Significant difference at  $p \leq .017$  (Bonferroni adjustment from  $p < .05$ )

### (iii) Desisters and persisters

For 6 out of the 13 subscales examined, the percentages of clinically relevant scores (i.e., personality traits and clinical syndromes with  $BR > 74$ ) were significantly different between the desisters and persisters. For those subscales used to measure personality styles, significant differences were found for two of the six scales, depressive and compulsive, and effect sizes were medium. This is seen in Table 5.13.

*Table 5.13: Chi-square comparisons of percentages of clinically relevant scores for personality styles for desisters and persisters*

| Subscale                        | $\chi^2(1)$ | V   |
|---------------------------------|-------------|-----|
| 2A Avoidant                     | 2.21        | .16 |
| 2B Depressive                   | 7.71*       | .30 |
| 6A Antisocial                   | .48         | .07 |
| 6B Sadistic (Aggressive)        | 3.05        | .19 |
| 7 Compulsive                    | 7.16*       | .29 |
| 8B Masochistic (Self-Defeating) | 4.53        | .23 |

*n* = 87

\* Significant difference at  $p \leq .017$  (Bonferroni adjustment from  $p < .05$ )

For the personality dysfunction scores it was found in only one subscale, borderline, that the percentage of clinically relevant scores was significantly different between the desisters and persisters (see Table 5.14). The effect size was medium to large.

*Table 5.14: Chi-square comparisons of percentages of clinically relevant scores for personality dysfunctions for desisters and persisters*

| Subscale     | $\chi^2(1)$ | V   |
|--------------|-------------|-----|
| C Borderline | 12.30*      | .38 |
| P Paranoid   | 5.45        | .25 |

*n* = 87

\* Significant difference at  $p \leq .017$  (Bonferroni adjustment from  $p < .05$ )

For clinical syndromes two scales, anxiety (with medium effect size) and dysthymia (with medium to large effect size) showed significant differences between the desisters and persisters. This has been presented in Table 5.15.

*Table 5.15: Chi-square comparisons of percentages of clinically relevant scores for clinical syndromes for desisters and persisters*

| Subscale             | $\chi^2(1)$ | V   |
|----------------------|-------------|-----|
| A Anxiety            | 10.80*      | .35 |
| N Bipolar: Manic     | 2.80        | .18 |
| D Dysthymia          | 15.64*      | .42 |
| B Alcohol Dependence | .21         | .05 |

*n* = 87

\* Significant difference at  $p \leq .017$  (Bonferroni adjustment from  $p < .05$ )

Finally, for major depression, the percentage of clinically relevant scores was significantly different between the desisters and persisters. This is seen in Table 5.16.



Table 5.16: Chi-square comparisons of percentages of clinically relevant scores for severe clinical syndromes for desisters and persisters

| Subscale            | $\chi^2(1)$ | V   |
|---------------------|-------------|-----|
| CC Major Depression | 12.53*      | .38 |

*n* = 87

\* Significant difference at  $p \leq .017$  (Bonferroni adjustment from  $p < .05$ )

### 5.3.2.3 Differences between controls, desisters and persisters in the MCMI-III personality and clinical syndrome scores.

#### *Hypothesis 2*

The second hypothesis that there will be significant differences between controls, desisters and persisters in the MCMI-III personality and clinical syndrome scores was examined using Kruskal-Wallis tests. Post-hoc Mann-Whitney tests were used as a follow-up to test the prediction that the scores will be higher for persisters than the desisters and in turn than the controls for 21 of the subscales, but that the controls will have higher scores than the desisters and in turn than the persisters in the compulsive, narcissistic and histrionic subscales.

The results from the Kruskal-Wallis test (*H*) are presented in Table 5.17. As there were significant differences in the scores of the three groups in the expected directions, in all but one of the sub-scales, it was concluded that these data provided support for this hypothesis.

As seen in Table 5.17 in relation to the 11 personality scales, the median scores increased from controls, to desisters to persisters, for seven scales (avoidant, depressive, dependent, antisocial, sadistic, negativistic and masochistic). For the schizoid sub-scale, the desisters had the lowest scores, followed by the controls, then the persisters. In line with expectation for the two of the remaining three scales, histrionic and narcissistic scales, the median scores decreased from controls, to desisters to persisters. However this was not the case for the compulsive scores as the median was the highest for the desisters, then the controls with the persisters having the lowest scores.

*Table 5.17: Median, mean and standard deviation by group, and Kruskal-Wallis for controls, desisters and persisters on personality styles*

| Subscale                                | <sup>Δ</sup> Group | Median | Mean  | SD    | Range  | H(2)   | r    |
|---|--------------------|--------|-------|-------|--------|--------|------|
| 1 Schizoid                              | C                  | 39.00  | 38.63 | 22.91 | 72.00  | 19.79* | .33  |
|   | D                  | 36.00  | 37.70 | 27.12 | 93.00  |        |      |
|   | P                  | 64.50  | 58.72 | 21.34 | 97.00  |        |      |
| 2A Avoidant                             | C                  | 25.00  | 29.49 | 24.11 | 84.00  | 25.17* | .42  |
|   | D                  | 36.00  | 38.78 | 29.07 | 96.00  |        |      |
|   | P                  | 66.00  | 58.30 | 26.20 | 99.00  |        |      |
| 2B Depressive                           | C                  | 14.00  | 20.12 | 19.41 | 68.00  | 38.26* | .54  |
|   | D                  | 40.00  | 44.68 | 29.00 | 99.00  |        |      |
|   | P                  | 73.50  | 59.56 | 31.41 | 100.00 |        |      |
| 3 Dependent                             | C                  | 35.00  | 37.27 | 25.10 | 102.00 | 17.02* | .35  |
|   | D                  | 44.00  | 46.68 | 27.02 | 89.00  |        |      |
|   | P                  | 65.50  | 59.22 | 25.83 | 100.00 |        |      |
| 4 Histrionic                            | C                  | 65.00  | 64.80 | 17.56 | 68.00  | 21.90* | -.40 |
|   | D                  | 60.00  | 58.24 | 18.35 | 83.00  |        |      |
|   | P                  | 46.50  | 43.90 | 24.95 | 111.00 |        |      |
| 5 Narcissistic                          | C                  | 66.00  | 63.24 | 17.13 | 68.00  | 6.30   | -.21 |
|   | D                  | 62.00  | 59.54 | 18.42 | 83.00  |        |      |
|   | P                  | 56.00  | 53.66 | 20.66 | 107.00 |        |      |
| 6A Antisocial                           | C                  | 38.00  | 43.28 | 19.42 | 85.00  | 36.84* | .46  |
|   | D                  | 68.00  | 66.65 | 17.20 | 72.00  |        |      |
|   | P                  | 70.50  | 66.66 | 17.51 | 85.00  |        |      |
| 6B Sadistic<br>(Aggressive)             | C                  | 36.00  | 36.78 | 23.48 | 74.00  | 29.35* | .47  |
|   | D                  | 62.00  | 56.95 | 18.01 | 74.00  |        |      |
|   | P                  | 69.00  | 61.16 | 21.12 | 89.00  |        |      |
| 7 Compulsive                            | C                  | 57.00  | 59.75 | 17.32 | 82.00  | 23.31* | -.38 |
|   | D                  | 60.00  | 57.95 | 15.17 | 60.00  |        |      |
|   | P                  | 43.50  | 43.00 | 17.30 | 74.00  |        |      |
| 8A Negativistic<br>(Passive Aggressive) | C                  | 29.00  | 32.57 | 22.74 | 79.00  | 30.09* | .48  |
|   | D                  | 50.00  | 47.95 | 23.95 | 81.00  |        |      |
|   | P                  | 66.00  | 60.64 | 24.32 | 99.00  |        |      |
| 8B Masochistic<br>(Self-Defeating)      | C                  | 12.00  | 19.14 | 22.10 | 77.00  | 27.14* | .46  |
|   | D                  | 60.00  | 41.86 | 29.08 | 80.00  |        |      |
|   | P                  | 67.00  | 53.98 | 31.97 | 95.00  |        |      |

<sup>Δ</sup>Group: C = Controls, D = Desisters, P = Persisters

\* Significant difference at  $p \leq .002$  (Bonferroni adjustment from  $p < .05$ )

Overall significant group differences were found in the scores of all three scales measuring personality dysfunctions (Table 5.18), where the median scores increased from controls, to desisters to persisters on all scales. As can be seen the effect size was particularly large for borderline.

*Table 5.18 Median, mean and standard deviation by group, and Kruskal-Wallis for controls, desisters and persisters on personality dysfunctions*

| Subscale      | <sup>A</sup> Group | Median | Mean  | SD    | Range | <i>H</i> (2) | <i>r</i> |
|---------------|--------------------|--------|-------|-------|-------|--------------|----------|
| S Schizotypal | C                  | 8.00   | 21.67 | 22.59 | 65.00 | 31.71*       | .47      |
|               | D                  | 39.00  | 33.24 | 27.73 | 84.00 |              |          |
|               | P                  | 64.50  | 54.34 | 27.58 | 99.00 |              |          |
| C Borderline  | C                  | 12.00  | 20.84 | 19.78 | 69.00 | 64.43*       | .71      |
|               | D                  | 48.00  | 50.05 | 21.69 | 85.00 |              |          |
|               | P                  | 71.50  | 67.82 | 22.85 | 98.00 |              |          |
| P Paranoid    | C                  | 30.00  | 25.76 | 23.40 | 67.00 | 29.12*       | .46      |
|               | D                  | 60.00  | 41.16 | 29.83 | 81.00 |              |          |
|               | P                  | 67.50  | 56.26 | 26.84 | 88.00 |              |          |

<sup>A</sup>Group: C = Controls, D = Desisters, P = Persisters

\* Significant difference at  $p \leq .002$  (Bonferroni adjustment from  $p < .05$ )

In relation to clinical syndromes, significant group differences were found on all of the seven subscales, which are presented in Table 5.19. The median scores were consistently the lowest for the controls, followed by the desisters and in turn followed by the persisters.

*Table 5.19: Median, mean and standard deviation by group, and Kruskal-Wallis for controls, desisters and persisters on clinical syndromes*

| Subscale                | <sup>Δ</sup> Group | Median | Mean  | SD    | Range  | H(2)   | r   |
|-------------------------|--------------------|--------|-------|-------|--------|--------|-----|
| A Anxiety               | C                  | 20.00  | 25.76 | 26.92 | 89.00  | 34.11* | .49 |
|                         | D                  | 40.00  | 41.51 | 33.31 | 89.00  |        |     |
|                         | P                  | 79.00  | 67.84 | 29.77 | 110.00 |        |     |
| H Somatoform            | C                  | 8.00   | 17.45 | 22.59 | 69.00  | 18.27* | .36 |
|                         | D                  | 15.00  | 26.35 | 25.62 | 73.00  |        |     |
|                         | P                  | 61.00  | 45.30 | 29.07 | 89.00  |        |     |
| N Bipolar: Manic        | C                  | 36.00  | 37.41 | 23.59 | 77.00  | 23.17* | .40 |
|                         | D                  | 63.00  | 57.65 | 20.12 | 83.00  |        |     |
|                         | P                  | 64.50  | 61.42 | 23.90 | 104.00 |        |     |
| D Dysthymia             | C                  | 8.00   | 14.10 | 17.18 | 67.00  | 39.80* | .56 |
|                         | D                  | 24.00  | 33.05 | 26.41 | 72.00  |        |     |
|                         | P                  | 64.00  | 55.08 | 32.39 | 104.00 |        |     |
| B Alcohol Dependence    | C                  | 23.00  | 30.00 | 25.48 | 78.00  | 50.49* | .58 |
|                         | D                  | 67.00  | 64.40 | 18.75 | 89.00  |        |     |
|                         | P                  | 71.00  | 67.86 | 21.46 | 105.00 |        |     |
| T Drug Dependence       | C                  | 40.00  | 36.90 | 25.43 | 100.00 | 29.96* | .45 |
|                         | D                  | 63.00  | 62.65 | 18.36 | 94.00  |        |     |
|                         | P                  | 67.00  | 64.90 | 23.68 | 101.00 |        |     |
| R Post-Traumatic Stress | C                  | 6.00   | 12.91 | 17.82 | 73.00  | 45.36* | .61 |
|                         | D                  | 30.00  | 33.81 | 24.68 | 79.00  |        |     |
|                         | P                  | 62.50  | 54.58 | 26.25 | 104.00 |        |     |

<sup>Δ</sup>Group: C = Controls, D = Desisters, P = Persisters

\* Significant difference at  $p \leq .002$  (Bonferroni adjustment from  $p < .05$ )

To complete the analysis an examination was made of the three severe clinical syndromes, which is presented in Table 5.20. Significant group differences were found in thought disorder, major depression, and delusional disorder scales. In addition, for these subscales the median scores increased from controls to desisters to persisters. The effect size was medium for delusional disorder but large for the other two subscales.

*Table 5.20: Median, mean and standard deviation by group, and Kruskal-Wallis for controls, desisters and persisters on severe clinical syndromes*

| Subscale               | <sup>Δ</sup> Group | Median | Mean  | SD    | Range  | H(2)   | r   |
|------------------------|--------------------|--------|-------|-------|--------|--------|-----|
| SS Thought Disorder    | C                  | 15.00  | 22.04 | 22.46 | 70.00  | 45.24* | .58 |
|                        | D                  | 31.00  | 36.73 | 25.55 | 68.00  |        |     |
|                        | P                  | 67.50  | 57.14 | 22.01 | 87.00  |        |     |
| CC Major Depression    | C                  | 6.00   | 14.49 | 22.21 | 81.00  | 35.12* | .50 |
|                        | D                  | 15.00  | 24.27 | 29.03 | 85.00  |        |     |
|                        | P                  | 74.00  | 59.18 | 36.08 | 111.00 |        |     |
| PP Delusional Disorder | C                  | 7.00   | 16.94 | 19.86 | 63.00  | 13.97* | .29 |
|                        | D                  | 30.00  | 25.00 | 27.02 | 90.00  |        |     |
|                        | P                  | 57.00  | 42.44 | 30.18 | 111.00 |        |     |

<sup>Δ</sup>Group: C = Controls, D = Desisters, P = Persisters

\* Significant difference at  $p \leq .002$  (Bonferroni adjustment from  $p < .05$ )

#### 5.3.2.4 Post-hoc follow-up comparisons

As the Kruskal-Wallis revealed that group was significant for 23 of the subscales, post-hoc Mann-Whitney tests were used to follow-up these findings. Three comparisons were made between (i) controls and desisters, (ii) controls and persisters and (iii) desisters and persisters.

##### (i) Controls and desisters

In total there were significant group differences on 12 of the 24 subscales between controls and desisters. For personality styles there were five scales that were significantly different (Table 5.21). There were significant differences in the median scores between the controls and desisters on the subscales of depressive, antisocial, sadistic, negativistic and masochistic and effect sizes ranged from medium to large. The desisters' median scores were higher than the controls for all of these five subscales.

*Table 5.21: Mann-Whitney comparisons of scores for personality styles for controls and desisters*

| Subscale                             | <i>U</i> | <i>z</i> | <i>r</i> |
|--------------------------------------|----------|----------|----------|
| 1 Schizoid                           | 868.50   | -.33     | -.04     |
| 2A Avoidant                          | 739.00   | -1.46    | -.16     |
| 2B Depressive                        | 441.00   | -4.07*   | -.44     |
| 3 Dependent                          | 717.50   | -1.65    | -.18     |
| 4 Histrionic                         | 749.00   | -1.38    | -.15     |
| 5 Narcissistic                       | 790.50   | -1.01    | -.11     |
| 6A Antisocial                        | 333.50   | -5.00*   | -.54     |
| 6B Sadistic (Aggressive)             | 489.50   | -3.64*   | -.39     |
| 7 Compulsive                         | 874.50   | -.279    | -.03     |
| 8A Negativistic (Passive Aggressive) | 562.00   | -3.00*   | -.32     |
| 8B Masochistic (Self-Defeating)      | 524.00   | -3.35*   | -.36     |

*n* = 86

\* Significant difference at  $p \leq .017$  (Bonferroni adjustment from  $p < .05$ )

For personality dysfunctions there were significant differences for two (borderline and paranoid) out of the three MCMI-III scales, which is shown in Table 5.22. The desisters' median scores were higher than the controls on all these subscales. The effect size was small to medium for paranoid but a large effect was seen for borderline.

*Table 5.22: Mann-Whitney comparisons of scores for personality dysfunctions for controls and desisters*

| Subscale      | <i>U</i> | <i>z</i> | <i>r</i> |
|---------------|----------|----------|----------|
| S Schizotypal | 759.00   | -1.29    | -.14     |
| C Borderline  | 311.00   | -5.20*   | -.56     |
| P Paranoid    | 645.50   | -2.29*   | -.25     |

*n* = 86

\* Significant difference at  $p \leq .017$  (Bonferroni adjustment from  $p < .05$ )

In relation to clinical syndromes, significant differences were observed for five of the scales (Table 5.23). These were bipolar, dysthymia, alcohol dependence, drug dependence, and post-traumatic stress. The effect sizes ranged from medium to large. The desisters' median scores were all higher for these subscales compared to the controls.

*Table 5.23: Mann-Whitney comparisons of scores for clinical syndromes for controls and desisters*

| Subscale                | <i>U</i> | <i>z</i> | <i>r</i> |
|-------------------------|----------|----------|----------|
| A Anxiety               | 731.50   | -1.53    | -.17     |
| H Somatoform            | 772.50   | -1.18    | -.13     |
| N Bipolar: Manic        | 488.00   | -3.66*   | -.39     |
| D Dysthymia             | 541.00   | -3.20*   | -.35     |
| B Alcohol Dependence    | 270.00   | -5.56*   | -.60     |
| T Drug Dependence       | 407.00   | -4.37*   | -.47     |
| R Post-Traumatic Stress | 445.00   | -4.05*   | -.44     |

*n* = 86

\* Significant difference at  $p \leq .017$  (Bonferroni adjustment from  $p < .05$ )

The final comparisons between controls and desisters revealed a significant difference on only one (thought disorder) of the three subscales used to measure severe clinical syndromes (Table 5.24).

*Table 5.24: Mann-Whitney comparisons of scores for severe clinical syndromes for controls and desisters*

| Subscale               | <i>U</i> | <i>z</i> | <i>r</i> |
|------------------------|----------|----------|----------|
| SS Thought Disorder    | 626.50   | -2.45*   | -.26     |
| CC Major Depression    | 742.00   | -1.46    | -.16     |
| PP Delusional Disorder | 857.50   | -.44     | -.04     |

*n* = 86

\* Significant difference at  $p \leq .017$  (Bonferroni adjustment from  $p < .05$ )

In summary, the controls and desisters differed significantly on 12 of the 24 subscales. For these 12 subscales the median scores were higher for the desisters than the controls.

(ii) Controls and persisters

Significant differences were found between the controls and the persisters in all 11 of the scales used to measure personality styles (Table 5.25). The effect sizes were generally medium to large with the exception of narcissism. The persisters' median scores were higher than the controls for the schizoid, avoidant, depressive, dependent, antisocial, sadistic, negativistic, and masochistic subscales, with the reverse being true for the histrionic, narcissistic and compulsive scores.

*Table 5.25: Mann-Whitney comparisons of scores for personality styles for controls and persisters*

| Subscale                             | <i>U</i> | <i>z</i> | <i>r</i> |
|--------------------------------------|----------|----------|----------|
| 1 Schizoid                           | 650.00   | -4.03*   | -.40     |
| 2A Avoidant                          | 517.50   | -4.95*   | -.50     |
| 2B Depressive                        | 399.50   | -5.78*   | -.58     |
| 3 Dependent                          | 640.00   | -4.10*   | -.41     |
| 4 Histrionic                         | 576.00   | -4.54*   | -.46     |
| 5 Narcissistic                       | 876.50   | -2.44*   | -.25     |
| 6A Antisocial                        | 460.00   | -5.36*   | -.54     |
| 6B Sadistic (Aggressive)             | 506.50   | -5.03*   | -.51     |
| 7 Compulsive                         | 601.00   | -4.37*   | -.44     |
| 8A Negativistic (Passive Aggressive) | 472.50   | -5.27*   | -.53     |
| 8B Masochistic (Self-Defeating)      | 535.00   | -4.84*   | -.49     |

*n* = 99

\* Significant difference at  $p \leq .017$  (Bonferroni adjustment from  $p < .05$ )

A significant group difference was found between controls and persisters for all three scales (schizotypal, borderline and paranoid) that examine personality



dysfunction and can be seen in Table 5.26. The effect sizes were all large. The persisters' median scores were all higher than the controls' median scores.

*Table 5.26: Mann-Whitney comparisons of scores for personality dysfunctions for controls and persisters*

| Subscale      | <i>U</i> | <i>z</i> | <i>r</i> |
|---------------|----------|----------|----------|
| S Schizotypal | 452.50   | -5.41*   | -.54     |
| C Borderline  | 184.50   | -7.28*   | -.73     |
| P Paranoid    | 475.00   | -5.26*   | -.53     |

*n* = 99

\* Significant difference at  $p \leq .017$  (Bonferroni adjustment from  $p < .05$ )

A similar pattern emerged in relation to clinical syndromes (Table 5.27). The persisters' median scores were higher than the controls across all seven subscales that were used to measure clinical syndromes (anxiety, somatoform, bipolar, dysthymia, alcohol dependence, drug dependence, and post-traumatic stress). The differences in these scores were statistically significant and medium to large effect sizes were noted.

*Table 5.27: Mann-Whitney comparisons of scores for clinical syndromes for controls and persisters*

| Subscale                | <i>U</i> | <i>z</i> | <i>r</i> |
|-------------------------|----------|----------|----------|
| A Anxiety               | 424.50   | -5.61*   | -.56     |
| H Somatoform            | 657.00   | -3.99*   | -.40     |
| N Bipolar: Manic        | 598.50   | -4.39*   | -.44     |
| D Dysthymia             | 372.50   | -5.97*   | -.60     |
| B Alcohol Dependence    | 308.00   | -6.42*   | -.65     |
| T Drug Dependence       | 528.00   | -4.88*   | -.49     |
| R Post-Traumatic Stress | 355.00,  | -6.10*   | -.61     |

*n* = 99

\* Significant difference at  $p \leq .017$  (Bonferroni adjustment from  $p < .05$ )

Finally, as shown in Table 5.28, statistically significant differences were found in relation to all three severe clinical syndromes. The persisters scored higher (based on median scores) than the controls for thought disorder, major depression and delusional disorder and the effect sizes were medium to large.

*Table 5.28: Mann-Whitney comparisons of scores for severe clinical syndromes for controls and persisters*

| Subscale               | <i>U</i> | <i>z</i> | <i>r</i> |
|------------------------|----------|----------|----------|
| SS Thought Disorder    | 327.50   | -6.29*   | -.63     |
| CC Major Depression    | 444.50   | -5.49*   | -.55     |
| PP Delusional Disorder | 703.00   | -3.67*   | -.36     |

*n* = 99

\* Significant difference at  $p \leq .017$  (Bonferroni adjustment from  $p < .05$ )

In summary, the scores of the controls and persisters were significantly different across all the subscales of the Millon, with the persisters scoring higher median scores as a group on all subscales except narcissistic, histrionic, and compulsive where the opposite was found.

### (iii) Desisters and persisters

There were significant group differences on 18 of the 24 subscales in total between the desisters and persisters. The differences found in personality styles are shown in Table 5.29 where it can be seen for eight of the personality styles, subscales, schizoid, avoidant, depressive, dependent, histrionic, compulsive, negativistic and masochistic, there was a significant difference between the desisters and persisters, with the effect sizes ranging from small to medium. The persisters' median scores were higher for all of the scales, except histrionic and compulsive, where the desisters' median scores were higher.

*Table 5.29: Mann-Whitney comparisons of scores for personality traits for desisters and persisters*

| Subscale                             | <i>U</i> | <i>z</i> | <i>r</i> |
|--------------------------------------|----------|----------|----------|
| 1 Schizoid                           | 515.50   | -3.52*   | -.38     |
| 2A Avoidant                          | 572.00   | -3.03*   | -.33     |
| 2B Depressive                        | 647.00   | -2.39*   | -.25     |
| 3 Dependent                          | 672.00   | -2.18*   | -.23     |
| 4 Histrionic                         | 579.50   | -2.97*   | -.32     |
| 5 Narcissistic                       | 759.00   | -1.43    | -.15     |
| 6A Antisocial                        | 911.50   | -1.16    | -.01     |
| 6B Sadistic (Aggressive)             | 687.00   | -2.05    | -.22     |
| 7 Compulsive                         | 482.00   | -3.81*   | -.40     |
| 8A Negativistic (Passive Aggressive) | 628.00   | -2.55*   | -.27     |
| 8B Masochistic (Self-Defeating)      | 665.00   | -2.24*   | -.24     |

*n* = 87

\* Significant difference at  $p \leq .017$  (Bonferroni adjustment from  $p < .05$ )

For personality dysfunctions there were significant differences on all three of the scales (schizotypal, borderline and paranoid) and the effect sizes were medium to large, (see Table 5.30).

*Table 5.30: Mann-Whitney comparisons of scores for personality dysfunctions for desisters and persisters*

| Subscale      | <i>U</i> | <i>z</i> | <i>r</i> |
|---------------|----------|----------|----------|
| S Schizotypal | 484.50   | -3.79*   | -.41     |
| C Borderline  | 468.50   | -3.92*   | -.42     |
| P Paranoid    | 579.50   | -2.97*   | -.32     |

*n* = 87

\* Significant difference at  $p \leq .017$  (Bonferroni adjustment from  $p < .05$ )

For clinical syndromes significant differences were found for four of the seven scales, which has been presented in Table 5.31. The persisters' median scores were significantly different to the median scores of the desisters for anxiety, somatoform, dysthymia and post-traumatic stress. The effect sizes were medium

to large. The persisters' scores for these four subscales were higher than the desisters.

*Table 5.31: Mann-Whitney comparisons of scores for clinical syndromes for desisters and persisters*

| Subscale                | <i>U</i> | <i>z</i> | <i>r</i> |
|-------------------------|----------|----------|----------|
| A Anxiety               | 474.00   | -3.88*   | -.42     |
| H Somatoform            | 575.00   | -3.01*   | -.32     |
| N Bipolar: Manic        | 801.00   | -1.07    | -.11     |
| D Dysthymia             | 527.50   | -3.42*   | -.37     |
| B Alcohol Dependence    | 788.00   | -1.18    | -.13     |
| T Drug Dependence       | 812.50   | -.968    | -.10     |
| R Post-Traumatic Stress | 494.00   | -3.71*   | -.40     |

*n* = 87

\* Significant difference at  $p \leq .017$  (Bonferroni adjustment from  $p < .05$ )

As shown in Table 5.32 significant differences were found for all three severe clinical syndrome scales (thought disorder, major depression and delusional disorder) and the effect sizes were medium to large. The persisters' median scores were higher than the desisters' scores for all three of these scales.

*Table 5.32: Mann-Whitney comparisons of scores for severe clinical syndromes for desisters and persisters*

| Subscale               | <i>U</i> | <i>z</i> | <i>r</i> |
|------------------------|----------|----------|----------|
| SS Thought Disorder    | 405.00   | -4.47*   | -.48     |
| CC Major Depression    | 428.50   | -4.28*   | -.46     |
| PP Delusional Disorder | 638.00   | -2.49*   | -.27     |

*n* = 87

\* Significant difference at  $p \leq .017$  (Bonferroni adjustment from  $p < .05$ )

Overall, the desisters and persisters had significantly different scores for the majority of the subscales. The persisters consistently had higher scores across all the expected subscales with the desisters only having higher scores for histrionic, narcissistic and compulsive.

Therefore, as there were significant differences in the scores of the three groups in the expected directions, in all but one of the sub-scales, narcissistic, it was concluded that these data provided support for the hypothesis that there would be group differences in personality characteristics based on MCMI-III subscales. It was revealed in post-hoc analyses that the controls and desisters shared more characteristics (differing significantly on 12 of the subscales), than the controls and persisters (who differed on all 24 subscales), and the desisters and persisters (who differed significantly on 18 of the subscales).

5.3.2.5 Association between personality level (severe, moderate, and low) and offending group (desister and persister).

#### *Hypothesis 3:*

To assess the third hypothesis that there will be an association between personality level (severe, moderate, and low) and offending group (desister and persister) and that persisters will be associated with the severe personality level and desisters associated with the low personality level, the desisters and persisters were individually profiled by analysing the severity of personality dysfunction using the procedure advocated by White and Gondolf (2000) and Gibbons, Collins and Reid (2011). This entailed identifying profiles with significantly elevated severe personality scores on the schizotypal, borderline or paranoid scales and categorising them as Severe Personality Dysfunction. The other profiles were grouped using their elevations on the 11 basic clinical personality patterns. Individuals with base rate scores greater than 84 on these basic personality patterns were assigned to Moderate Personality Dysfunction level, which indicates a personality disorder other than the three severe disorders. Those with scores where base rates were less than 85 were assigned to a Low Personality Dysfunction level. The proportion of significantly elevated (BR>74) MCMI-III Axis I clinical syndromes falling in each of the pathology levels was then calculated.

To complete the profiling, data were grouped by formulating personality pattern characteristics within levels of severity of personality pathology using

the approach taken by White and Gondolf (2000), who grouped cases based on elevations on the Millon personality profiles as these match personality disorders that are found in the DSM-IV (APA 1994). This involved considering the relative elevations on the personality scales (the 11 personality pattern scales and three severe personality pathology scales), to determine the participant's basic personality. Those in the severe disorder group were divided into borderline disorder (borderline scale BR>74) and paranoid disorder (borderline scale BR<75 and paranoid scale BR>75). In the moderate dysfunction classification the following distinctions were made: antisocial disorder (antisocial scale BR>84) and narcissistic disorder (antisocial scale BR<84 and narcissistic scale BR>84). Participants from the low dysfunction group were classified as narcissistic/conforming (if at least two of the following scales, narcissistic, compulsive, and histrionic, were among the highest scores in the participant's profile) and an avoidant/depressive group (if participant not classified as narcissistic but at least one of the following scales, avoidant, depressive, schizoid was the highest score in the profile). In the severe, moderate and low personality pathology levels those who could not be classified based on this formulation were assigned to the atypical group (Gibbons, Collins and Reid 2011). The proportion of clinically elevated (BR>74) MCMI-III Axis I clinical syndromes that fell in to each of the personality pathology levels was calculated.

Overall, 60% of the sample presented with personality pathology. The interpretation of all 87 MCMI-III profiles (all those who recorded using physical violence against an intimate i.e. desisters and persisters) is presented in Table 5.21. The interpretation of profiles produced three levels of personality pathology referred to as severe personality dysfunction (39%), moderate personality dysfunction (21%) and low personality dysfunction (40%). In the severe group, there is evidence of Axis II disorders, i.e., borderline and paranoid and these are also accompanied with Axis I conditions such as thought disorder and major depression. The profiles of the moderate dysfunction men suggest fewer severe personality disorders such as antisocial and narcissistic. However, the profiles of

low dysfunction did not evidence any DSM-IV (APA, 1994) personality disorders. Of the 39% of men who fell into the severe personality level, the majority (59%) had borderline personality disorder as their predominant pattern. For the moderate and low personality level, the majority of individuals in each group evidenced atypical status (i.e. failed to match the interpretative subtypes selected), although there were still quite high proportions that did show some of predominate patterns measured. This was particularly in relation to antisocial disorder and narcissistic / conforming style.

*Table 5.33: Groupings derived from MCMI-III profile analysis*

| Personality Level | Personality description (within levels) | % (n)     | Significant clinical syndromes (within levels) | % (n)     |
|-------------------|---|-----------|--|-----------|
| Severe (39.1%)    | 1. Borderline                           | 58.8 (20) | 1. Anxiety                                     | 76.5 (26) |
| Severe            | disorder                                |           | 2. Somatoform                                  | 5.9 (2)   |
| personality       | 2. Paranoid disorder                    | 17.6 (6)  | 3. Bipolar                                     | 44.1 (15) |
| pathology         | 3. Atypical                             |           | 4. Dysthymia                                   | 35.3 (12) |
| (BR>74)           |   | 23.5 (8)  | 5. Alcohol                                     | 52.9 (18) |
|                   |   |           | 6. Drug  | 38.2 (13) |
|                   |   |           | 7. Post-traumatic                              | 17.6 (6)  |
|                   |   |           | 8. Thought disorder                            | 14.7 (5)  |
|                   |   |           | 9. Major Depression                            | 61.8 (21) |
|                   |   |           | 10. Delusional                                 | 20.6 (7)  |
| Moderate (20.7%)  | 1. Antisocial disorder                  | 22.2 (4)  | 1. Anxiety                                     | 44.4 (8)  |
| Clinical          | 2. Narcissistic                         |           | 2. Somatoform                                  | 11.1 (2)  |
| personality       | disorder                                | 5.6 (1)   | 3. Bipolar                                     | 22.2 (4)  |
| pattern disorder  | 3. Atypical                             |           | 4. Dysthymia                                   | 22.2 (4)  |
| (BR>84) and no    |   | 72.2 (13) | 5. Alcohol                                     | 44.4 (8)  |
| severe            |   |           | 6. Drug  | 38.9 (7)  |
| personality       |   |           | 7. Post-traumatic                              | 5.6 (1)   |
| pathology         |   |           | 8. Major Depression                            | 27.8 (5)  |
| Low (40.2%)       | 1. Narcissistic /                       | 28.6 (10) | 1. Anxiety                                     | 34.3 (12) |
| No personality    | conforming style                        |           | 2. Bipolar                                     | 8.6 (3)   |
| scale or clinical | 2. Avoidant /                           | 17.1 (6)  | 3. Dysthymia                                   | 2.9 (1)   |
| personality       | Depressive style                        |           | 4. Alcohol                                     | 20.0 (7)  |
| pattern trait     | 3. Atypical                             | 54.3 (19) | 5. Drug  | 20.0 (7)  |
|                   |   |           | 6. Major Depression                            | 11.4 (4)  |

*n* = 87

Personality level profiles were then analysed by desisters and persisters. Personality levels and personality descriptions of the desister and persister groups are presented in Table 5.34.

*Table 5.34: Groupings derived from MCMI-III profile analysis by desister and persister group*

| Personality Level  | Group        | % (n)<br>within total group<br>(D & P) | %<br>within own group<br>(D or P) | Personality description within group<br>(D or P) | % (n)     |
|--|--------------|--|-----------------------------------|--|-----------|
| Severe<br>Severe<br>personality<br>pathology<br>(BR>74)  | Desisters*   | 6.9 (6)                                | 16.2                              | 1. Borderline disorder                           | 10.8 (4)  |
|  |              |  |                                   | 2. Paranoid disorder                             | 2.7 (1)   |
|  |              |  |                                   | 3. Atypical                                      | 2.7 (1)   |
|  | Persisters** | 32.0 (28)                              | 56.0                              | 1. Borderline disorder                           | 32.0 (16) |
|  |              |  |                                   | 2. Paranoid disorder                             | 10.0 (5)  |
|  |              |  |                                   | 3. Atypical                                      | 14.0 (7)  |
| Moderate<br>Clinical<br>personality<br>pattern<br>disorder<br>(BR>84) and<br>no severe<br>personality<br>pathology | Desisters    | 11.5 (10)                              | 27.0                              | 1. Antisocial disorder                           | 10.8 (4)  |
|  |              |  |                                   | 2. Narcissistic disorder                         | 2.7 (1)   |
|  |              |  |                                   | 3. Atypical                                      | 13.5 (5)  |
|  | Persisters   | 9.2 (8)                                | 16.0                              | 1. Antisocial disorder                           | 0         |
|  |              |  |                                   | 2. Narcissistic disorder                         | 0         |
|  |              |  |                                   | 3. Atypical                                      | 16 (6)    |
| Low<br>No personality<br>scale or<br>clinical<br>personality<br>pattern trait                                      | Desisters    | 24.1 (21)                              | 56.8                              | 1. Narcissistic / conforming style               | 16.2      |
|  |              |  |                                   | 2. Avoidant / Depressive style                   | 10.8      |
|  |              |  |                                   | 3. Atypical                                      | 29.7      |
|  | Persisters   | 16.1 (14)                              | 28.0                              | 1. Narcissistic / conforming style               | 8.0       |
|  |              |  |                                   | 2. Avoidant / Depressive style                   | 4.0       |
|  |              |  |                                   | 3. Atypical                                      | 16.0      |

\*n = 37

\*\*n = 50



In order to examine the association between personality level (severe, moderate and low) and offending group (desister and persister) a comparison of frequencies of desisters and persisters within personality levels was made including the personality descriptions within each group. Significant clinical syndromes were omitted due to smaller group sizes that were created by splitting the offenders into desisters and persisters. As seen in Table 5.22 more persisters were found in the severe personality level than desisters with the opposite being true for the low personality level.

Using a Chi-Square analysis, the association between personality level and desister or persister group was examined. The hypothesis was supported in that there was a significant association between personality level and those who desisted or persisted in IPV,  $\chi^2(2) = 14.23$ ,  $p = .001$ ,  $V = .40$ , although based on standardised residuals this association was mainly driven by group differences found in the severe personality group.

Post-hoc follow-up 2 x 2 chi-square analyses (three in total) were performed to determine the relationship between group (desister and persister) and each personality level (severe, medium and low). Due to multiple testing a significance testing level  $p \leq .017$  is used in line with a Bonferroni adjustment from  $p < .05$ . Based on sample size, Fisher's exact test for significance comparisons was used and Cramer's V was reported to indicate effect size. In support of the hypothesis, persisters were significantly more likely to be associated with severe personality group than desisters,  $\chi^2(1) = 14.14$ ,  $p \leq .017$ ,  $V = .40$ , and desisters were significantly more likely to be associated with the low personality group than persisters,  $\chi^2(1) = 7.31$ ,  $p \leq .017$ ,  $V = .29$ . (No significant associate was found between group and moderate personality level ( $\chi^2(1) = 1.58$ ,  $p > .017$ ,  $V = .13$ ).

#### 5.4 Discussion

This study revealed diverse personality pathology across the men who had used violence in their relationships. The rates of psychopathology observed were lower than those reported by some studies using the MCMI (Dutton and Starzomski 1994, Hamberger and Hastings 1986, Johnson et al. 2006) but higher

than others (Gondolf 1999, Langhinrichsen-Rohling, Huss and Ramsey 2000, White and Gondolf 2000). This suggests a broad range of pathology rates across IPV groups. An innovative finding was the differences in the percentages of clinically relevant scores across the controls, desisters and persisters; prevalence levels were higher in the persisters than in the desisters and in turn, than the controls. Overall the persisters reported greater and more severe use of violence, as measured on the CTS2, than both the desisters and controls. In relation to the MCMI-III subscales, there were statistically significant differences between the groups on 23 of the 24 subscales (not narcissism). Follow-up analyses revealed that the desisters and controls shared more characteristics than the persisters and controls, and the desisters and persisters. The findings therefore confirm that personality pathology is significantly associated with using violence in a relationship. However, it is also related to desistance and persistence of IPV and needs to be considered in relation to treatment for men who have used violence against their intimate partners.

The findings that level of violence differed across the groups is in line with typology research that has suggested IPV perpetrators who engage in the least severe marital violence are more likely to desist (Holtzworth-Munroe et al. 2003) than those whose violence against an intimate is frequent and severe. This has also been demonstrated in other studies where the frequency and severity of violence was found to be associated with desistance and persistence (Aldarondo 1996, Aldarondo and Sugarman 1996, Johnson 2003). The comparison of scores on the CTS2 between the desisters, persisters and controls, revealed that the persisters' scores were higher than the desisters and controls for all five factors. In addition, the groups used different levels of violence (i.e., psychological, physical, sexual) and reported different levels of injury being experienced, although they did not vary in their reporting of negotiation. This scale reflects the actions taken to settle arguments through discussion and comprises of three cognitive aspects and three emotional aspects. The scale, however, cannot be used to establish how and if the argument was actually settled, so it is a measure of whether the couples attempt to negotiate and not if an outcome or resolution was achieved. Arguably all

the groups could have attempted to negotiate but the outcomes may have resulted in the use of violence by some offenders. This might therefore explain the similarities in scores between the three groups. The desisters and persisters differed in their reporting of physical violence for the year prior to their participation in this study, but differences were also found for psychological violence and injury (male) where the scores were higher for the persisters than the desisters. This suggests that overall the behaviours for the persisters are more volatile and unstable compared to the desisters and controls.

A general observation of the mean and median scores of the MCMI-III subscales, is that the scores increased from controls, to desisters and persisters on 20 of the subscales but this pattern was reversed for two scales (histrionic, and narcissistic). Scores on these subscales have generally been found to be elevated in non-clinical samples (Craig 2008) and it has been suggested that elevations of this scale will be found when an individual presents without significant personality pathology (Millon et al. 2009). The characteristics and traits associated with these subscales have also been found to represent a healthy aspect of personality or personality strengths for individuals (Leaf et al. 1992, Millon et al. 2009, Retzlaff and Deatherage 1993), which offers an explanation for the differences observed. The two subscales where these patterns were not observed were schizoid and compulsive. For schizoid, the desisters' median scores were the lowest, followed by the controls with the persisters having the highest scores. The difference in the median scores of the desisters and persisters was marginal and was not statistically significant, with the scores in both groups indicating that scores on this subscale were not clinically meaningful for either group. For compulsive, the desisters' scores were the highest, followed by the controls and then the persisters. Again the difference between the median scores for the desisters and controls was not statistically significant meaning they had similar scores for this subscale. In addition both controls and desisters had significantly higher median scores than the persisters; in this scale it has been suggested that elevations on it represent a healthy aspect of personality (Leaf et al. 1992, Millon et al. 2009, Retzlaff and Deatherage 1993).

The percentages of those who had base rate scores greater than 74 on the MCMI-III subscales were compared with similar data from three other studies (Gibbons, Collins and Reid 2011, Gondolf 1999, Millon 1994). The findings indicate that the prevalence of clinically significant scores fell between the prevalence rates previously reported. Generally the prevalence of significant personality pathology in the current study is more compatible with the research by Gibbons, Collins and Reid (2011) and the Millon (1994) psychiatric sample than the Gondolf (1999) sample whose rates generally were much lower. An explanation for this could be the fact that in the Gondolf sample just over half of the men had elevated scores (BR>74) on desirability (compared to just under a quarter in the current study), and disclosure and debasement scores appeared low based on the percentile data. This may result in underreporting and suppressing of personality pathology (Dutton 2003). The similarity of the current study with the study by Gibbons, Collins and Reid (2011) may also reflect comparable samples, which were a mixture of self-referred, and court-mandated treatment users with the majority in both cases being self-referred (in both cases around 60%). In Gondolf's sample, the majority (82%) were court-mandated men. Overall the findings of the current study indicate, in line with other studies that a high percentage of a variety of clinically significant traits and syndromes are found in groups of men who have used violence against an intimate.

The percentage of men who had clinically significant scores (BR>74) in the current study was much higher in the persister group, followed by the desister and then the control groups for the majority of the scales. Frequency scores were notably higher for persisters on depressive, antisocial, negativistic, masochistic, paranoid, anxiety, dysthymia, alcohol and drug dependence and major depression subscales. In the case of anxiety, 72% of the group reported symptoms associated with this disorder and this included 32% with symptoms at a diagnostic level. In addition 19% of the sample scored at diagnostic level for borderline. The desisters' higher frequency scores were in the histrionic, narcissistic, antisocial, anxiety and alcohol and drug dependence subscales, but for the majority this was not at the diagnostic level, with the exception being for the alcohol dependency and

antisocial subscales. This implies that a high proportion of both persisters and desisters have clinically meaningful traits and disorders across a broad range of characteristics, but the rates and percentages are lower overall for the desisters. Therefore these findings are in line with existing knowledge that IPV offenders form a heterogeneous sample (Dixon and Browne 2003) where personality disorders are a common feature (Hamberger and Hastings 1991, Hamberger et al. 1996, Holtzworth-Munroe 2000). However, these findings can be extended as it was also demonstrated that the clinically meaningful traits and syndromes were more widespread in persisters than desisters. Hence it may be that the differences found across these characteristics are related to the continuation or cessation of violence against an intimate.

It was found that there were significant group differences between the desisters, persisters and controls on the MCMI-III subscales. A comparison of the pathology of the groups suggested that the desisters and controls shared more characteristics than the persisters and controls and the desisters and persisters, with the persisters as a whole evidencing more pathology. This supports typology research particularly the Holtzworth-Munroe et al. (2003) study. The desisters in the current study seem to be less pathological and so seem to reflect the FO group, which were classified as demonstrating little to no psychopathology. Although there were some significant differences in some of the scores on subscales between controls and desisters indicating a difference in the levels of psychopathology, the frequencies of those of the desisters who scored base rates greater than 74 was generally fairly low on the majority of scales. However the scales where frequencies of elevations were higher were antisocial, anxiety, alcohol and drug dependence. This suggests that some of the men in the desister group shared characteristics with LLA group initially identified by Holtzworth-Munroe et al. (2003) and validated by Huss and Langhinrichsen-Rohling (2006). The LLA offenders were identified as having moderate scores on measures of antisociality, marital violence, and general violence and fell intermediate to the FO and GVA groups in that FO men scored lower, and GVA men scored higher than the LLA group on these measures (Holtzworth-Munroe and Meehan 2004). In the

current study, the persisters are characterised as using severe physical and psychological violence and displaying a range of psychopathology or personality disorders. This group is therefore akin to the DB group that tends to be the most psychologically distressed; for example, exhibiting depressed and anxious symptoms, evidencing borderline personality characteristics and displaying extreme emotional lability, intense interpersonal relationships and having a fear of rejection (Holtzworth-Munroe 2000). This aligns with the findings in the current study that the persisters evidenced higher levels of clinically significant characteristics in relation to depressive, dependent, avoidant, borderline, anxiety and major depression compared to the other two groups. Others in the persister group are more like the GVA type, e.g., those who display criminal behaviour and arrests, a failure to conform to social norms and are prone to substance abuse (Holtzworth-Munroe 2000); this is reflected in the current study in the significantly higher scores and frequencies of those displaying clinically significant traits for antisocial, sadistic, negativistic, alcohol and drug dependence. Both the DB and GVA types were the least likely to desist (Holtzworth-Munroe et al. 2003), which is reflected in the current study.

The post-hoc group analysis revealed that both the desisters and the persisters reported significantly different scores to the controls on antisocial, alcohol and drug dependence subscales, with both groups having a high proportion of individuals who presented with clinically significant traits. However these traits were not able to differentiate desisters and persisters. Antisocial behaviour is a characteristic that has been associated with those who use violence against a partner and is frequently cited as a risk factor for IPV (e.g., Beasley and Stoltenberg 1992, Craig 2008, Huss, Covell and Langhinrichsen-Rohling 2006, Murphy, Meyer and O'Leary 1993, Taft et al. 2010). A co-occurrence between family violence and substance abuse has been identified as being high in frequency with prevalence rates ranging from 40 to 92% (Easton, Swan and Sinha 2000). It has been suggested that 92% of all men using violence against their partners used alcohol or drugs prior to the violent incident (Brookoff and O'Brien 1997). Alcohol abuse has been cited extensively as a risk factor for IPV (e.g.,

Lipsky et al. 2005b, Taft et al. 2010, Thomas and Bennett 2009, White and Chen 2002), with some suggesting it is one of the most important risk markers for IPV (Bennett et al. 1994).

The desisters and the persisters in this study had significantly different scores on 18 of the MCMI-III subscales. On eight scales (depressive, negativistic, masochistic, borderline, dysthymia, paranoid, post-traumatic stress and thought disorder) the desisters had significantly different scores from *both* the persisters and the controls (these scales were also significantly different between the persisters and the controls). These scores all followed the same trend (i.e., highest for the persisters, followed by the desisters and then the controls) and it may be where the groups fall on the continuum of scores that is relevant. For example, in these subscales generally the group base rate median scores for the desisters were less than 60 (the exceptions being masochistic and paranoid where BR=60), which is the median score of a clinical population (psychiatric patients). For the persisters the group base rate median scores were all greater than 60. These raised elevations in the persisters may be risk factors associated with the continuation of IPV, and this similarity in scoring between the persisters and clinical populations may be what differentiates the persisters from the desisters. The fact that generally the desisters presented with base rates less than 60 for these scales means that these traits are not currently presenting as risk factors for offending, and this factor may promote desistance. The significant difference in scores between the desisters and controls may, therefore, be more related to historical factors associated with previous offending, which raised BR scores, but not to a clinical level. Taking post-traumatic stress (PTS) as an example, this subscale is used to measure painful memories, flashbacks, nightmares and reports of trauma and so is largely based on historical factors and events that may be the differentiating factor for the desisters and controls. These types of characteristics associated with the PTS scale might indicate a history of family violence that is more likely to be prevalent in both some of the desisters and persisters, but not as likely in the controls, based on studies where researchers have shown that those raised in an abusive family are at increased risk of using violence against a partner

in adulthood (e.g., Delsol and Margolin 2004, Kitzmann et al. 2003, Schwartz et al. 2006, Stith et al. 2000). However, it may be the severity of the trait and the presence of a range of associated psychopathologies that differentiates the desisters and persisters. Dutton (1995) assessed a group of wife assaultive men and found that they displayed trauma symptoms and post-traumatic stress disorder (PTSD) like profiles, similar to veteran men diagnosed with PTSD taken from two independent studies (Hyer et al. 1989, Roberts et al. 1982). However, the assaultive men had higher scores on antisociality and their profiles were associated with more frequent anger and emotional abuse of their partners. It may be that the desisters are more likely to display symptoms associated with PTS but the persisters are more likely to have a diagnosis of PTSD as well as elevations on other associated subscales.

There were 10 subscales in total where the desisters and persisters differed significantly but the desisters did not differ significantly to the controls. It may be that these traits and syndromes are more relevant and important in the desistance process. With the personality traits of histrionic and compulsive, the desisters are more like the controls but significantly different to the persisters, and these are the traits commonly elevated in non-clinical samples. As previously discussed, elevations on these scales actually relate to personality strengths rather than pathology and that in the absence of pathology these scales will be elevated (Millon et al. 2006). In relation to the compulsive subscale, Craig (2008) observed that scores on the scale (i) are rarely elevated in psychiatric patients, (ii) correlate positively with items relating to control of behaviour and emotion, and (iii) consistently correlate with measures of mental health and negatively with measures of emotional maladjustment and furthermore, that in non-clinical populations, particularly males, score highest on this scale. In order to assess the relevance of elevations on the compulsive and histrionic scales an examination of significant Axis 1 pathology and scores on severe personality pathology scales is required as this will assist in determining if the elevations reflect healthy personality or significant personality pathology (Millon et al. 2006). However, if



these scales are personality strengths, it is likely that elevations on these scales will act as promotive factors that aid the desistance process.

The persisters had significantly higher scores than desisters in schizoid and avoidant subscales, which represent traits associated with being socially detached, emotionally depressed, socially anxious and feelings of worthlessness. In addition, in relation to clinical syndromes the differences were found in the anxiety and somatoform subscales, which encapsulate those who are anxious, have tension, are depressed and have low self-esteem. Further within group analyses of the changes in these scores overtime is needed, which would then signify the importance of these characteristics in the desistance process. The likelihood is that these are all dynamic aspects that will have different manifestations for each person on an individual level depending on context. All these traits seem to identify those who have symptoms of anxiety, depression or low self-esteem. Depression has been associated with perpetration of IPV (Feldbau-Kohn, Heyman and O'Leary 1998, Lipsky et al. 2005a, Schumacher et al. 2001, Tolman and Bennett 1990, Vaeth, Ramisetty-Mikler and Caetano 2010), as has low self-esteem (Dutton et al. 1994b, Goldstein and Rosenbaum 1985, Murphy, Stosny and Morrel 2005, Schumacher et al. 2001, Whiting et al. 2009). Researchers have not specifically looked at the association between anxiety (as defined by the MCMI-III e.g., apprehensive, unable to relax, jittery and indecisive) and IPV, so this needs to be remedied particularly as the frequency of those with significant BR scores was so high in the persisters. This finding raises the question as to whether, for some offenders, situational and contextual stressors are perhaps more widespread and this then in turn manifests itself in the form of characteristics associated with anxiety as defined by the MCMI-III. For some offenders, interpretation may be different, as this scale cannot be used to distinguish among different kinds of anxiety disorders reported in DSM-IV. For example, scores on the anxiety scale correlate highly with scores on the dysthymia scale and therefore elevations in the anxiety scale, at times, cannot be used to distinguish between anxiety and depression (Craig 2008). This would suggest the importance of examining individual profiles because if dysthymia is also elevated, this suggests the

depressive component is likely to be prominent, but if it is not elevated, emphasis needs to be placed on the anxiety component of the subscale.

A final observation from the comparison between the desisters and persisters was the significant differences observed on all three of the personality dysfunction scales and all three of the severe clinical syndrome scales. Out of these the scales that are perhaps more influential are those where the desisters did not differ significantly with the controls: schizotypal, major depression and delusional disorder. These are severe forms of personality patterns and clinical syndromes or in effect extreme extensions of the personality traits and clinical syndrome scales. It may be that the relevance of these subscales is just that the severity of these subscales for some of the men, which manifests as a range of characteristics e.g., self-absorbed, cognitively confused, self conscious (schizoid), severely depressed, unable to function day to day, withdrawn (major depression) and paranoid, delusions, irrational (delusional disorder), have a causal relationship with IPV. Conversely the absence of the more severe subscales for other men could act as a protective factor that promotes desistance in the presence of other potential risk factors that we know are or have been present at some point.

Profile analyses as advocated by Millon et al. (2009) and Choca (2004) of those who have used IPV (i.e. the sample *excluding* the controls) revealed that in line with expectations and prior research (e.g., Beasley and Stoltenberg 1992, Craig 2003, Dixon and Browne 2003, Gibbons, Collins and Reid 2011, White and Gondolf 2000) considerable diversity of personality pathology was found. A high proportion of the men demonstrated personality pathology disorder as it was seen in 60% of the sample. Likewise, Flournoy and Wilson (1991) found that 63% of their sample evidence pathology. However the rates are lower than reported by others (e.g., 88%; Hamberger and Hastings 1986, Johnson et al. 2006; 79%; Dutton and Starzomski 1994). These lower rates may be accounted for by the fact that in the other samples the men were all just about to enter, or were fairly new, into treatment programmes; whereas some in the current sample had finished and had reported at least a year violence free. Nevertheless there was still considerable personality pathology observed in the current sample. In relation to

personality levels, 39% of the men reported severe personality type pathology, mostly of the borderline type. The majority of these men were in the persister group. There was an association between personality level and group but this was mainly driven by the group differences in the severe personality group. This again may be related to typology research and the finding that these offenders have similar pathology to DB and GVA groups found and validated across several studies (e.g., Dixon, Hamilton-Giachritsis and Browne 2008, Hamberger and Hastings 1986, Holtzworth-Munroe and Stuart 1994, Langhinrichsen-Rohling, Huss and Ramsey 2000, Mauricio and Lopez 2009, Monson and Langhinrichsen-Rohling 2002). The DB and GVA groups have been found the least likely to desist (Holtzworth-Munroe et al. 2003). This suggests that the desistance process is related to personality pathology and that either its presence acts as a risk factor for IPV or that its absence promotes desistance for some individuals. This comes, however, with the caveat that this is only one of numerous factors that enables or prevents desistance.

In conclusion, in the current study it was found that there were high levels of personality pathology in those who use violence against their intimate partners and that this differs between and within the desisters and persisters. Although both persisters and desisters have clinically meaningful traits and disorders across a broad range of characteristics, the rates and percentages are lower overall for the desisters than the persisters. The desisters were more like the controls than the persisters in their scores across the personality traits and clinical syndromes assessed. How and where the differences and similarities found between the desisters and persisters play a role in the desistance process needs further examination. Particularly there is a need to understand if any characteristics are more important or have more influence in relation to the likelihood of successfully desisting from IPV. However, it is clear from this study that personality characteristics are associated with desistance and persistence of offending.

## 6.0 Chapter 6: The process of desistance from IPV: A conceptual model

### 6.1 Aims

In the previous chapter the differences in the pathologies of the desisters and persisters were identified, however the results did not provide an insight into how desistance is achieved. In contrast, in this chapter using qualitative methods and analysis, the aim is to answer the research question, what is the process of change that men experience in order to achieve desistance from IPV? By examining accounts of desisters, persisters, survivors, and programme facilitators the objective is to understand what was happening in the offenders' lives while they were using violence as well as the factors, behaviours, and thought processes that were associated with desistance from this behaviour. This will establish if there are specific triggers that initiate desistance and identify the behaviours and cognitions that are required to maintain a violence free relationship. Specifically the accounts of the desisters, persisters, facilitators and survivors will be compared to determine if there are unique aspects that are associated with desistance.

### 6.2 Introduction

Researchers have demonstrated that men can and do stop using violence in relationships, but they have generally concentrated on identifying whether, and the extent to which it happens. Currently no one single theory or model has been developed to explain *why* and *how* this process occurs (e.g., Aldarondo and Sugarman 1996; see Chapter 3 for literature review). Furthermore, researchers have examined the effectiveness of treatment and if it leads to desistance but tend to report that it has minimal impact (if any at all) on recidivism (Babcock, Green and Robie 2004, Feder and Wilson 2005). There is, however, some evidence from quasi-experiments that intervention programmes moderately increase desistance (Eckhardt et al. 2006). The same inconsistencies regarding the efficacy of treatment seems to be found in the UK, although Bowen's (2011) evaluation of British studies found that there is 'superficial' evidence that treatment programmes

exert a positive effect, but that these effects are small and methodological variations inhibit the ability to draw any robust conclusions. Programmes are developed based on a typical assumption that attitudinal change will enable desistance from IPV. Therefore, some researchers have examined short-term changes in attitudes pre and post treatment (e.g., Bowen 2011, Schmidt et al. 2007). Bowen, Gilchrist and Beech (2008) found evidence of some limited psychological change post treatment (pro-domestic violence attitudes and external locus of control), although the level of psychological change achieved had no association with re-offending (i.e., the likelihood of desistance). Schmidt et al. (2007) reported changes in attitudes post treatment regarding abusive behaviour and stereotypical beliefs. This all suggests there is not a straightforward association between attitudes and behaviour. Moreover, this information fails to explain how the process of change occurs and what might be the mechanisms underpinning the desistance process. Sheehan, Thakor and Stewart (2012) suggest that qualitative methodologies may be better suited to understanding the complex process of change for perpetrators of IPV, as this will enable the development of programmes that are specifically customised to perpetrators' needs. Hence in this chapter the aim is to examine the process of desistance, as told by offenders, survivors and facilitators, in order to develop a conceptual model that explains how and why the process of desistance from IPV evolves for certain individuals.

It has been suggested by Göbbels, Ward and Willis (2012) that there is an absence of complete psychological and social accounts of the desistance process from when the offender makes the decision to stop offending through to them becoming a non-offender that has re-entered society. However, the transtheoretical model of behavioural change (TTM), which is a general model of change, has been applied to those who have used violence against an intimate (Alexander and Morris 2008, Babcock et al. 2005, Eckhardt, Babcock and Homack 2004, Eckhardt et al. 2009, Hellman, Johnson and Dobson 2010). Prochaska and DiClemente (1984) proposed that in the TTM individuals go through a series of stages before change is achieved. This integrates well with desistance because it

is widely accepted that desistance is an evolving process as opposed to simply an 'event' (e.g., Laub, Nagin and Sampson 1998, Maruna 2001, Maruna and Roy 2007). The stages that have been proposed as forming the TTM are: (i) precontemplation where the behaviour is denied or minimised; (ii) contemplation where the behaviour is acknowledged as requiring change but no commitment to take any action is made; (iii) preparation where a commitment to change and how to do it is established; (iv) action which is actively making the change and altering behaviour; and (v) maintenance which includes active monitoring to maintain the new behaviour (Prochaska and DiClemente 1984). It has been suggested that individuals will use different processes of change depending on what stage of change they are at and that there are broadly two types of behaviour change processes: experiential, such as cognitive, affective and evaluative, and behavioural, that is actions actually taken (Prochaska et al. 1988).

When the TTM is applied to IPV, it is hypothesised that in the first two stages perpetrators do not acknowledge their behaviours as problematic and see no need to change them (Alexander and Morris 2008, Scott and Wolfe 2003). As perpetrators reach different stages of the process, the levels of their desires and abilities to change aspects of their behaviours may differ. For example, Alexander and Morris (2008) based on an assessment of change (using the University of Rhode Island Change Assessment) of 210 court-mandated batterers, found that those whose scores classified them in the later stages of change reported greater improvement in anxiety, depression, and anger control. This was compared to those classified in the early stages of change who were less motivated and more resistant to change. Generally researchers who have examined the TTM in relation to IPV have suggested that perpetrators proceed through a set of stages that prepare them for and assist them in maintaining behaviour change (Alexander and Morris 2008, Eckhardt et al. 2009, Hellman, Johnson and Dobson 2010). However, these researchers have tended to examine this quantitatively (i.e. inferring stage from scores) describing IPV perpetrators at each stage and looking at the association between each stage and certain measurable variables, more than

attempting to actually understand the mechanisms and experiences involved in the process, which is the focus of the current study.

A small number of qualitative studies exist, in which some of the processes of change that individuals have experienced during treatment or pre-treatment are identified (Catlett, Toews and Walilko 2010, Chovanec 2009, Curwood et al. 2011, Flinck and Paavilainen 2008, Pandya and Gingerich 2002, Pandya 2009, Silvergleid and Mankowski 2006). Unfortunately, it is not identified in any of these studies for how long violence has ceased. However, these studies do offer an insight into some of the processes that are likely to be relevant to those who successfully desist. Pandya and Gingerich (2002) in their microethnographic study (i.e., passively observing participants in treatment programmes) examined the process of change during therapy for male IPV perpetrators, of six group members (three completers and three drop outs). The completers identified that the consequences of their violent behaviour was bad enough to drive them to change, whereas the non-completers felt violence met their emotional needs. In addition, the completers engaged with the programme and practiced the tools and techniques offered, whereas non-completers did not engage with the treatment or the recommended tools and techniques. The researchers concluded that completers engaged with the programme, acknowledged they had a problem, and transferred learning into practice. Curwood et al. (2011) examined interview data from a larger sample of men ( $n = 42$ ) prior to them attending group treatment. The authors were interested in the processes of men's behaviour change following arrest, being charged, and then subsequently convicted of domestic violence (for the first time). The results suggested that change is a complex procedure that starts well before treatment commenced. It was also found that several levels of change needed to be addressed – the individual (e.g., stress and anger management), the interpersonal and the relational (e.g., improved communication and patience) and the external (e.g., employment status or career aspirations). The findings from these two studies offer some limited insights into change processes but as it is not known if any of the men in the samples were or were not still using violence, it is not clear whether and how relevant the findings are in

relation to the desistance process. In addition the findings by Pandya and Gingerich (2002) were based on passive observation of a small group of men, and although Curwood et al. (2011) used a larger sample, the qualitative assessment tool comprised of highly structured questions so allowed little opportunity for participants to expand or elaborate on their answers; both these factors limit the depth of insight that can be gained. This may limit the information revealed about the actual process and mechanisms associated with the participants' change of behaviour. The current study will address these factors by actively questioning a sample of men, using semi-structured questioning. The sample will include those who have been identified as desisting from IPV for at least a year and those who have not yet achieved this transition in order to compare their experiences. This will give a clearer insight into the actual process of desistance experienced by the men.

Although an insight in to the desistance process will be explored using the accounts of desisters and persisters, these reports may be open to denial and minimisation of offending and under-reporting of behaviours. For example, when Catlett, Toews and Walilko (2010) examined the meaning men make of their IPV using feminist-informed gender theory as an interpretative framework to guide their exploration, they found that the men initially minimised and denied responsibility for their violence. Flinck and Paavilainen (2008) interviewed 10 Finnish men about their experiences of using violence against an intimate and suggested that part of this experience included denying and justifying their violence (i.e., defending their actions). In order to get a broader perspective where denial and minimisation are not as likely to be problematic, both survivors of IPV and individuals involved in treatment of offenders will be interviewed. Silvergleid and Mankowski (2006) examined what facilitates change in those who successfully completed treatment programmes and not only interviewed the completers but also the facilitators of the programmes, as they argued that the inclusion of the facilitators represented a potentially more "valid and reliable source of information" about what aids behavioural and attitudinal change processes in perpetrators (Silvergleid and Mankowski 2006:143). Using this approach the authors found that change was



facilitated and experienced by the men at different levels: individual (e.g., learning new skills, self-awareness and decision to change), community (e.g., fear of losing partner, involvement in criminal justice system), organisational (e.g., treatment group facilitators' influence) and group level (e.g., impact of other men attending treatment). The accounts of facilitators will also be included as part of the current study in a bid to strengthen the validity and reliability of the data collected. In addition, the accounts of survivors will also be included to further strengthen validity and reliability and because it has been recognised that the dyadic nature of the relationship is very important in IPV (Capaldi and Kim 2007).

Only two studies were identified in which researchers took tentative steps to examine men's experience of how they stopped using violence against an intimate where a measure of cessation of violence was included. An early qualitative study which was part of evaluation research on Second Step intervention programme in Pittsburgh was undertaken by Gondolf and Hanneken (1987). The authors found that men described the process of change as including the acceptance of responsibility, becoming empathetic, and the redefinition of their manhoods. These findings were based on data from interviews with 12 men attending a treatment programme and who had been non-violent for 10 months and so were classified as 'reformed batterers'. Scott and Wolf (2000) purposefully sampled nine men deemed by themselves, facilitators and partners to be successfully changing, (violence free for six months). All had just finished treatment and were interviewed using semi-structured interviews designed to elicit personal stories of how they changed their abusive behaviours. A priori coding based on theories applicable to understanding change (e.g., feminist, socio-cognitive and attachment) were applied to the data. Findings suggest that taking responsibility, developing empathy, reducing dependency, and improving communication skills are consistently reported in behaviour change. A key limitation of this research is that findings are based on a relatively small sample of men who had just finished treatment. In addition there is a lack of a comparison group so that it is not possible to know if the changes are directly due to cessation of IPV or a result of completion of this specific programme. The men report only being violence free for

six months and this might not reliably classify them as a desister, or be seen as being clinically meaningful, as this is less than 12 months.

Therefore, it is the case that research regarding the process of desistance from IPV has been limited. Göbbels, Ward and Willis (2012) have attempted to advance understanding about desistance from sex-offending in their integrated theory of desistance from sex offending (ITDSO) and some of their theorising may be relevant in relation to IPV. In this instance the authors describe the desistance process in four phases: (i) decisive momentum (initial desistance); (ii) rehabilitation (promoting desistance); (iii) re-entry (maintaining desistance); and, (iv) normalcy (successful desistance over a long period of time; Göbbels, Ward and Willis 2012:454). The authors suggest that desistance is a dynamic process where internal and external variables, environmental, social and psychological processes interact. In addition, they emphasise the role of agency in the process. They acknowledge that the ITDSO is in its infancy and remains work in progress. However the theory is useful for stimulating theorising in relation to desistance from IPV. One of its particular strengths is the identification that it is necessary to include a temporal dimension when theorising about desistance, because desistance is a process not a discrete point in time. In the ITDSO this refers namely to turning points, rehabilitation, return to the community, and reintegration.

Therefore, based on all the findings to date, in the current study the aim is to develop a conceptual model using qualitative analysis of the accounts of desisters, persisters, survivors and facilitators to explain the process of change that men experience in order to achieve desistance from IPV, and to specifically understand:

- (i) The triggers, transitions and processes that are evident for those that have successfully desisted from IPV;
- (ii) How these transitions and processes differ for desisters and how these experiences feature in desistance and persistence of IPV;
- (iii) How do internal and external factors promote or hinder desistance from IPV?; and
- (iv) The factors most related to maintaining a violence free relationship.

### 6.3 Participants

In total 13 desisters, 9 persisters, 9 facilitators and 7 survivors were interviewed. Please refer to Chapter 4 for an overview of recruitment procedure followed and for details of the participants who were interviewed for this study.

When presenting the results, in order to maintain confidentiality for those who were interviewed, no names are used. However in order to identify which group each individual comes from the following coding is used. For the survivors the code allocated is an S followed by an individual number from 1-7 (e.g., S1). For the males, desisters are coded as D followed by an individual number from 1-13. For the persisters the code used is a P followed by an individual number from 1-9. In addition, the code given to the desisters and persisters also includes a (C) to indicate those who were self-referred to community programmes or a (P) to indicate those who were court-mandated through probation. Examples are therefore D1(C) or P6(P). Finally, an F followed by an individual number from 1-9 has been used to identify the facilitators. These codes are also either followed by a (C) to indicate that the facilitator works with self-referred men, or a (P) to indicate they work in probation.

No identifying information is given about any of the participants and partners' names etc. have been edited out. All excerpts have been reported verbatim and no amendments have been made to the English or grammar used by individual participants.

### 6.4 Analytical strategy

Thematic analysis (TA; Attride-Stirling 2001, Braun and Clarke 2006) was used to analyse the data. Using TA the researcher identifies *themes* within a given data set and can analyse them through organisation and description as well as by interpretation of the various aspects of the research topic under investigation (Boyatzis 1998). TA is a flexible approach (Braun and Clarke 2006) that allows the researcher to develop independent themes and associated sub-themes. This

involves analysing both the role of individuals in constituting the social world in relation to IPV and the independent mechanisms that may also form part of the process. The key benefit of TA and rationale for choosing this methodology is the flexibility associated with it, as it can be applied across a range of theoretical and epistemological approaches.

Some methodologies are tied to specific theoretical and epistemological positions, e.g., Interpretative Phenomenological Analysis (IPA) is tied to phenomenological epistemology (Smith and Osborn 2003), and Conversation Analysis (CA) is generally associated with a positivist framework (Krippendorf 1980), and consequently are limited in the diversity of how they can be applied. A flexible approach is something that has been identified as being required in the current research.

Other qualitative analytical methods offer a methodology based on theoretical frameworks, e.g., grounded theory (GT) or discourse analysis (DA). These also offer little theoretical freedom. GT is a set of iterative and inductive techniques that are then linked into formal theoretical models (Corbin and Strauss 2008). It is primarily used to build theoretical models and assumes no prior knowledge will influence the analysis, a stance that is incompatible with the present research. DA is concerned solely with how individuals use language, i.e. how individuals achieve personal, social and political positioning through language (Gee 2005). DA was not chosen as it constrained the focus and analysis to the language used, with no room for speculation particularly about mental processes and the properties of 'mind' (Giles 2002). The framework of TA will enable the researcher to consider both the language used and the cognitive process associated with desistance from IPV. TA is therefore compatible with both realist and constructionist positions (see section 4.6). Consequently, TA has the ability to provide rich, detailed and complex accounts of the data (Braun and Clarke 2006) and enabled the researcher to understand the process of desistance from IPV. TA therefore draws on features common to other qualitative methodologies as well as the structures and techniques found in other more established techniques such as DA and GT (Attride-Stirling 2001). It has been chosen not only for its flexibility but

also its suitability for retroductive analysis of the processes associated with desistance from IPV.

The TA of the text involved following well-known techniques in qualitative analysis and developing thematic networks that summarise the main themes found in the data set. TA enabled the researcher to uncover salient themes within the text at numerous levels and the thematic networks facilitated how to structure and depict these themes (Attride-Stirling 2001). Networks are built from three classes of themes: (i) basic themes that are the lowest order of theme derived for the textual data; (ii) organising themes that are middle-order themes and are represented by basic themes; and, (iii) global themes which are super-ordinate themes that encapsulate the principle concept in the data as a whole (Attride-Stirling 2001). The steps followed for the thematic analysis and thematic networks were informed by Braun and Clarke (2006) and Attride-Stirling (2001). These steps and the actual analytical process followed have been tabulated (see Appendix 10), to show in full how the conceptual model presented in the results section was developed and created from the data set.

All of the interviews were transcribed manually and the data was uploaded to NVivo software to aid the analytical process. NVivo facilitated the iterative process of thematic analysis, as it is a practical tool for classifying and coding the data, and offers expedient facilities for retrieval. Therefore, following the process that is presented in Appendix 10, and utilising the NVivo software, 76 initial raw codes were developed. These are presented in Appendix 11, which includes the raw themes identified and the number of sources (i.e., participants) and number of references (i.e., quotes) that were assigned to each code. These codes were refined and developed into five global themes (Scope of violence, Rationale for violence, Catalyst for change, Barriers to change and Pathways to change). These global themes had associated organising themes, basic themes and sub-themes, which are all presented in Appendix 12, where the number of sources and references that were linked to each theme is also included. These were then illustrated as five thematic networks (Attride-Stirling 2001) and these diagrams are found in Appendix 13. Returning to the text the networks were explored within the

context of desistance in order to develop a conceptual model of the process of desistance. This model was made up of three global themes, seven organising themes, 34 basic themes and 27 sub-themes. All these themes, their definitions and the number of sources and references associated with each theme are presented in Appendix 14.

## 6.5 Results and evaluation

### 6.5.1 Conceptual model

Using TA a conceptual model was developed that demonstrated, in line with current thinking, that desistance is a dynamic process that gradually unfolds over time (e.g., Laub, Nagin and Sampson 1998, Maruna 2001, Maruna and Roy 2007) and not simply a static spontaneous unique event. As this is a process (with potential false starts for some), the model needs to encapsulate what the circumstances are when the men are using violence, what initiates the process of change, and then what the circumstances are, or more importantly what is different, when the men stop using violence. The conceptual model developed for the themes found in the data set captures this and comprises three main elements:

- (i) The cycle of lifestyle behaviours (violent): 'Old way of being'
- (ii) Catalysts for change
- (iii) The cycle of lifestyle behaviours (non-violent): 'New way of being'

The conceptual framework, the comprising three global themes and their composite organising themes are presented diagrammatically in Figure 6.1. As can be seen in Figure 6.1, the three main global themes that make up the conceptual framework are intrinsically linked. The framework demonstrates that the transition of persistence to desistance is not a linear process, but instead reveals two different lifestyle cycles representing persistence (old way of being) and desistance (new way of being). Progressing from persistence to desistance involves experiencing Catalysts for change in the form of various triggers that initiate the move to desistance.

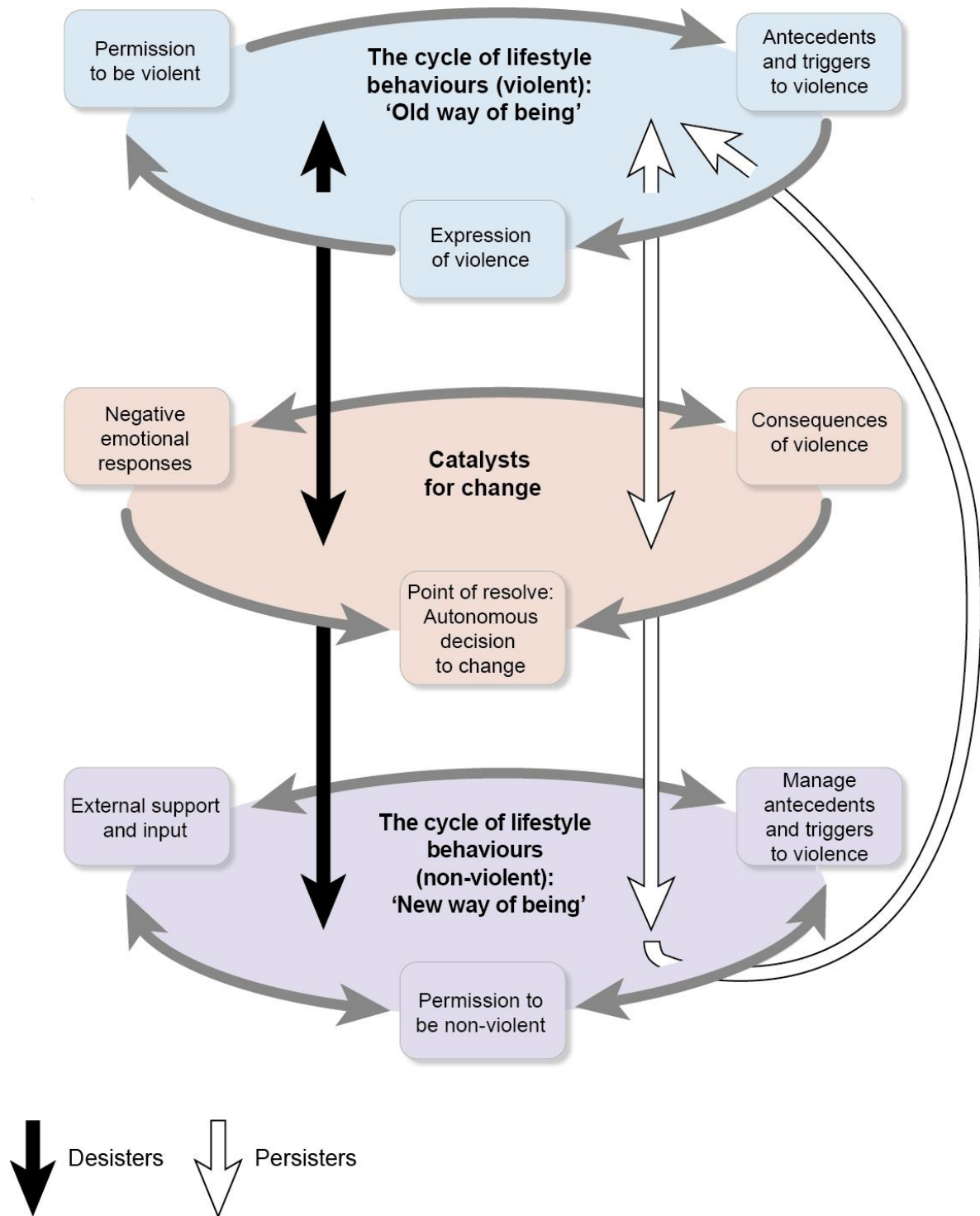


Figure 6.1: Conceptual model of the process of desistance from IPV

The framework extends the conceptualisation of a cycle of violence that is common in the literature (Walker 2009b) to one that embeds the use of violence (or desistance from violence) within the person's life context. The framework deliberately captures the life context on the basis that the processes of persistence or desistance cannot be adequately explained if they are removed from the life context within which these processes exist. Furthermore, components of each cycle (e.g., triggers) of the model are rooted within the individual's life context. Consequently the functionality of each component in terms of how they relate to persistence or desistance can only be fully understood within the context of the individual's 'lifestyle of behaviours'. The framework describes how these men have different 'ways of being' depending on whether they are persisting or desisting from their use of violence. The framework encapsulates how the men think, behave, view relationships, and view the world as they persist (on the first cycle of lifestyle behaviours; 'old way of being') or move away as a function of catalysts for change to desist (on the second cycle of lifestyle behaviours 'new way of being') from their use of violence.

The conceptual model of desistance developed here incorporates both the roles of structure and agency in the process, although there is a stronger conceptualisation of agency than has previously been found in the existing literature. This is particularly the case in relation to desistance from violence where the contribution of structure and agency has not been explored. However, the process of desistance from general offending has been theorised as resulting from both social, i.e., structural (Farrall, Godfrey and Cox 2009, Farrall et al. 2011) and subjective, i.e., agentic (LeBel et al. 2008, Maruna 2001). Many explanations have tended to focus on structure or agency (Farrall and Bowling 1999) although a number of more recent approaches have examined integrated theories (Barry 2010, Bottoms et al. 2004, Farrall et al. 2011). An integrated approach is taken in the current study.

Although the end goal is desistance, it is firstly important to understand what is happening when the men persist in their violence. This first cycle in the framework reveals the lifestyle behaviours of persisters; how persisters view their



worlds, how antecedents to violence develop, how they respond to latent and or acute triggers that exist in their worlds on a day-to-day basis. It is how the men view and respond to these factors that represents their ways of being, which includes the use of violence, i.e., the use of violence among persisters is not conceptualised as isolated incidents, but manifestations of each individual's 'way of being'. Desisters and persisters experience the first part of the cycle and their accounts reveal the factors and issues that are responsible for creating and maintaining this cycle and this old way of being. An important part of the process of desistance is the bridge between this cycle and the latter cycle, and consists of the triggers and transitions that the men experience which activate change. These internal and external factors function as stimuli or catalysts for change rather than a single, defining moment or incident that enables the men to spontaneously desist from IPV. The triggers culminate and gain momentum over the course of time. Both the persisters and the desisters have some experience of these, although these factors are more extensive and prominent for the desisters. If the triggers are perceived as important enough, they lead the men onto a new cycle of lifestyle behaviours. This new stage in the desistance framework is where the men actively participate in the process of change to enable them to desist from violence; this cannot be achieved passively. This new way of being for the men is the second cyclical process, although the different elements identified in this cycle are not experienced in a specific order and are elements that run concurrently. The cycle of lifestyle behaviours (non-violent) identified in the current study is a state that the desisters have experienced for at least a year and again represents what is happening now within their 'life' context. This demonstrates how persisters now view the world differently, how they manage triggers to violence and how they maintain being non-violent, i.e., not using violence is now conceptualised as the manifestations of the individuals' new ways of being. It is more accurate to suggest that the conceptual model at this point in the process is depicting suspension of violence, as the new behaviours may not be completely entrenched for the men. Some persisters may have experienced some elements of this pathway, but were unable to sustain this cycle over time and they then returned to their old ways of

being, in using violence. For others at this stage, they have not managed to move off a cycle that includes the use of violence against their intimates. This is in part because they have not experienced as many external triggers. More importantly the triggers experienced have not been perceived by the persisters with the same level of importance as the desisters, so that an internal trigger has not been activated that has stimulated and initiated the process of change.

This gives an overview of the process of desistance that was developed from the themes identified in the data set. This has been completed at a conceptual level using the global and organising themes found in the data. The three parts of the process that form the conceptual model will now be explored in detail and the basic themes and sub-themes will be described and evaluated and a deeper insight into the process of desistance is presented.

#### 6.5.2 The cycle of lifestyle behaviours (violent): 'Old way of being'

As discussed above, the first part of this framework represents the continued use of violence within relationships, where persistence is the prominent feature in individuals' lifestyles. This part of the process is conceptualised as their 'old way of being' and consists of a cycle of lifestyle behaviours (violent). The cyclical pattern observed is a continuous process where triggers to violence manifest and result in violence. Following this, the men need to justify their behaviours to enable the continuing use of violence. This part of the process is similar for desisters and persisters.

This global theme is not simply a cycle of violence but a lifestyle cycle that symbolises a 'way of being' for individuals, where violence is embedded as part of their lives. For the desisters, this way of being is an old way of being as they have moved off this particular cycle and on to a different one. Figure 6.2 represents diagrammatically how this global theme has been conceptualised and in doing so presents the associated organising and basic themes that make up this stage of the process.

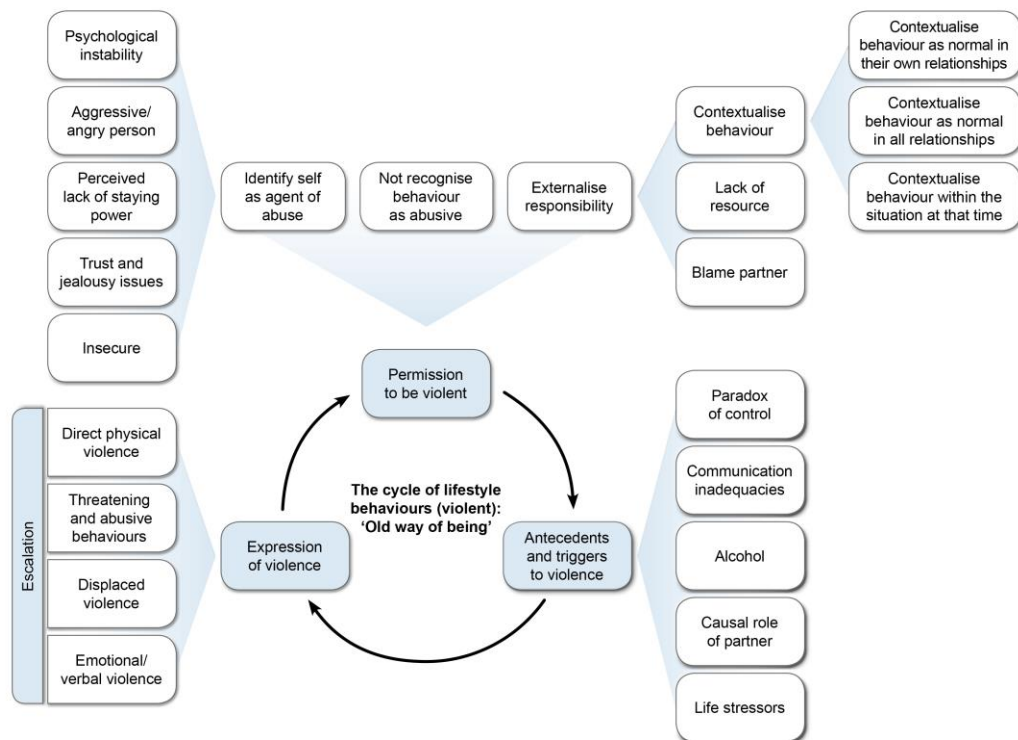


Figure 6.2: Global theme, organising themes, basic themes and sub-themes for The cycle of lifestyle behaviours (violent): 'Old way of being'

As seen in Figure 6.2 this global theme is made up of three organising themes:

- (i) Antecedents and triggers to violence
- (ii) Expression of violence
- (iii) Permission to be violent

In this part of the conceptual framework, the themes are cyclical and a continual process that the men experience over different lengths of time. The cyclical process accelerates over time and breaking away from this cycle becomes harder. All the themes represented within this cycle are interlinked and some of the concepts identified play more than one role during this cycle of lifestyle behaviours.

#### 6.5.2.1 Organising Theme: Antecedents and triggers to violence

This organising theme is a collection of five basic themes, *Paradox of control*, *Communication inadequacies*, *Alcohol*, *Causal role of partner* and *Life stressors*. These themes capture situations, contexts, and elements that lead to a violent reaction. These basic themes include antecedents that are temporally distal at first but then become proximal factors, i.e., they build up overtime and accumulate to result in a violent act. Violence seems to occur in response to factors incorporated in each of these five themes. These factors are therefore latent, but accelerate and grow until they reach a tipping point that can then result in violence. In addition, acute factors were found in the data that are instantaneous triggers and a direct reaction to someone or something. These five basic themes represent the factors that either build up or instantly trigger violence.

##### *Basic Themes:*

##### *Paradox of control*

This theme is a contradiction in its conceptualisation in that it encapsulates the motivation and need of the men to control their partners, yet this is achieved through a loss of control, i.e. violence, when this need is not achieved or met. This paradox is aligned with findings, to date, in the literature where it has been commonly identified that IPV is in part related to a power struggle between intimates (Emery 2011, Johnson 2006, Olson 2002), or associated with a lack of self-control (Kerley, Xu and Sirisunyaluck 2008, Payne, Higgins and Blackwell 2010). Men defined their 'role' in the relationship as that of being in control. This generates a continual need within their lifestyles to assert control and is an antecedent to violence that builds up over time. This continual 'all the time' need is revealed in the following excerpts.

**D5(C):** It's just like I say, it's just the controlling side all the time. Controlling what she wore. Telling her not to do this not to do that. I want it this way, it's my way or the highway, you know.

**D9(P):** It was purely just my attitude of life on women you know, to me it was, I was the one in charge. You're my wife or partner, you sort this out. I just wanted everything to be my way. And try and control the whole situation.

It is clear that the control is very purposeful and is used for a specific outcome and goal. This is articulated well by one of the males who purposefully used violence to not only regain control but to warn his partner how losing his controlling role actually felt.

**P7(P):** I was really hacked off..... it was like I throttled her...I wanted her to realise what it felt like when you don't have no control over something..... it wasn't a case of I was going to throttle her to death, it was a case of wanting her to see what it's like for her and not being able to control everything.

Therefore, the need to control partners is an underlying latent and consistent feature in the cycle of lifestyle behaviours; i.e., being in control was a 'way of being' in their relationships. This is exemplified in the tenacity that the men display in relation to telling their partners what to do, telling them how to behave and continually checking up on them. As can be seen, control was exerted by one man consistently across several aspects in his relationship (in line with previous research, e.g., Simmons, Lehmann and Collier-Tenison 2008) and became a permanent feature of it.

**S4 :** He was controlling, manipulative. I had no friends. I wore what clothes he liked. We went where he wanted. Did what he wanted. He chose how we lived. Everything. While I was off sick and was getting incapacity benefit, I cashed it and it went straight into his wallet.

The paradoxical element to control is evidenced when the men talk about how they feel that their abilities to control their partners are being lost, or are not being achieved, but in order to reassert control the men then lose control. This may be related to general propensity theory (i.e. self-control), as it has been found that low levels of self-control are related to IPV (Kerley, Xu and Sirisunyaluck 2008). This lack of self-control was identified by several participants, for example:

**D13(P)** : And the way she looked at me. It just sparked me into violence....it was just, it was a sense of you know, hmm I don't know it was a loss of control, it was lost control.

### *Communication inadequacies*

This theme represents a latent underlying problem as well as an acute reactive trigger. Violence is both a reaction to a long-term communication failing within the relationship and / or used as a way of communicating due to an inability of the men to express their viewpoints any other way. Long-term communication shortcomings were a continual feature in the men's relationships. This is an issue that has been previously raised (Feldman and Ridley 2000, Holtzworth-Munroe, Smutzler and Bates 1997, Messinger, Davidson and Rickert 2011), where it has been suggested that men in abusive relationships often use verbal aggression, are unable to use constructive communication, and / or avoid or withdraw from communicating with their partners. In the current study several of the men simply identified that they did not talk to or listen to their partners or explain how they felt. This would culminate in abusive behaviours. One of the men clearly explained how the problem manifested itself:

**D7(C)**: And I'm not the best for talking to people.....so I would just let it build and build and build. Until it kind of blow up in my face.

Communication inadequacies were found to be an acute trigger of violence. This is an example of where de-escalating strategies of using verbal communication are ineffective or not available for the men, so physical violence then becomes perceived as the next available resource (Bird, Stith and Schladale 1991, Gryl, Stith and Bird 1991, Messinger, Davidson and Rickert 2011). This is identified by one of the survivors:

**S6:** (*he had*) a lack of ability to express himself that he would then become violent because that was the only way he could express his frustration and anger.

**I:** Hmm Did he struggle to communicate verbally?

**S6:** Yeah.....I could talk circle round him.

This inadequacy is clearly and simply articulated by one of the men on being asked why he had punched his partner:

**P5(C):** It was the only thing she'd listen to.

### *Alcohol*

Alcohol was an acute trigger to violence identified by the majority of participants. Alcohol has been consistently identified as a risk factor associated with the use of violence against an intimate (Fals-Stewart 2003, Gilchrist et al. 2003, Stith et al. 2004b), and in fact for most other forms of violence (for a review see Boles and Miotto 2003). In over half of the interviews, alcohol was perceived and argued by the participants, survivors and facilitators as being a contributory factor in the use of violence against their partners. Examples relating to heavy drinking 'explaining' violence are seen throughout the interviews such as:

**D3(C):** I had a lot to drink that night.

**D4(C):** I was very drunk that night.

**P3(C):** I was drinking heavily at the time.

**F1(P):** He's got an alcohol problem.

**D5(C):** It was all alcohol induced, both drinking.

**D7(C):** Our relationship was based on alcohol.

The men, survivors, and facilitators all commented on the dangers associated with alcohol in the context of a violent relationship, as summed up by two of the survivors:

**S5:** That's another thing, you know, if he's had a drink, then he's to be well avoided.

**S7:** But if he drank too much and I would try and perhaps restrict his drinking, he liked to drink and drive and if I tried to stop that, he would get violent then.....Drink was a, he would drink a lot yeah, if he was drunk then I had to be careful.

Alcohol was seen to increase the likelihood of violence and magnify the effect of other antecedents. For example, one of the men identified that without drink his relationship was great, but alcohol brought out all of the problems that both he and his partner had in their relationship. This resulted in arguments and violence. Alcohol is likely to play a complex role, where both structure and agency are active features. There is ample evidence to suggest alcohol has a variety of functional roles in the process such as, impairing cognitive functioning, limiting the capacity to comprehend social cues, and increasing the risk of violence for those with aggressive predispositions or deficient social perceptual processes (Clements and Schumacher 2010, Field, Caetano and Nelson 2004, McMurrin and Gilchrist 2008). It has also been identified that alcohol may have a spurious link to IPV, in that it may be used as an excuse or justification (Zhang, Welte and Wieczorek 2002) where individuals use forms of 'deviance disavowal' (Gelles and Straus 1979), e.g., blaming alcohol post hoc, drinking so that others will excuse their behaviours based on them being drunk or drinking to embolden them to use IPV. For this man, alcohol may have been used as an excuse post hoc:

**D3(C):** if I hadn't been drinking, if we'd had the same argument then it (*violence*) wouldn't have happened.

Nevertheless, alcohol was identified as a trigger to violence and was prominent across several respondents, from all four groups interviewed.

### *Causal role of partner*

This theme represents how the men suggested that violence is required as a mechanism to respond to their partner's flaws, failings, and behaviours. However, the role of partners also appears as a theme at other points during the cycle (e.g., following the use of violence), where they serve to provide a slightly different role in the process. At this point *Causal role of partner* captures how the men attributed the underlying problems in their relationships and their use of violence to the psychological issues that they felt their partners had. Violence was a response to



the build up of these issues, examples of which included post-natal depression, clinical depression, and mental health issues. Based on the men's accounts these were actual problems that were evident in their relationships, however what was problematic was how the men interpreted these issues negatively and responded to them. One man explained:

**P3(C):** Hmm it (*violence*) certainly escalated to a point this year hmm and again without trying to belittle the situation or argue the odds of why it would happen hmm on the birth of our last baby, my daughter \*\*\*\*, she [*partner*] did become clinically depressed and has to take Prozac for, for the depression.

Previous evidence suggests that mental health issues (e.g., depression, anxiety, PTSD) in women are correlates of IPV (Robertiello 2006) and a positive association has been found between IPV and post-natal depression (Wu, Chen and Xu 2012). This would suggest that a vicious cycle develops as the men respond to their partners' mental health issues with violence and this in turn makes the issues worse. Not all the partners '*flaws*' were clinical problems as some men identified that their partners exhibited undesirable characteristics and traits (e.g., anger, moodiness or being argumentative). They saw this as being responsible for causing arguments in their relationships. This may link to communication inadequacies whereby ineffective communication between both partners can result in the use of violence (Messinger et al. 2012). These characteristics are seen as triggers that cause friction and unrest within the relationships. Many of the men claimed their partners 'know which buttons to push.' This is seen from one of the persisters:

**P1(C):** We're doing it and it's good, everything seems to be coming round do you know. But it does seem like she (*his partner*) is pushing me a lot.

Another persister identified that the issue lay with his partner's traits, which caused arguments and violence. In addition, as can be seen in the excerpt, this is also linked to one of the previous themes as his wife's 'flaws' meant he was losing

his ability to control her, which had an impact on communication:

**D5(C):** She (*wife*) was very troubled....But I've found that she was, because of her past she is a very angry person anyway and you couldn't, not control her, couldn't side with her you know. I was trying to talk to her but I would just get insults back.

Women's use of violence was widely identified as an acute trigger to violence as the men suggest they were merely responding to violence with violence. Elements within this theme are particularly pertinent in the cycle lifestyle behaviours as they are seen to both *cause* and then later *justify* the 'way of being' for these men. Examples of this theme as an acute trigger were extensive throughout the transcripts and included incidents of female partners throwing objects at the men, the men being assaulted, threatened with weapons, punched, cut, scratched, pushed, shoved, and grabbed. For example:

**D1(C):** I think, I remember \*\*\*\* (*wife*) coming in and she was ranting and raving, you don't give a shit blah blah blah whatever she said and then she, I remember her jumping on top of me and scratching at my face, so I managed to get up and as I was getting up I twisted and threw her on the sofa and pinned her down ...as I come through the living room she run passed me into the kitchen and then she come out of the kitchen with a vegetable knife.

**P5(C):** No, I used violence once because I was being punched (*by partner*) at the top of the stairs...

**I:** Right OK. So what happened then?

**P5(C):** I just swung around and punched her one.

The response to women's violence was an explosive reaction and generally seen by the men as a need to defend themselves that could only be achieved through the use of violence.

**P9(C):** So she, without, it's like purely acting on instinct, it was sort of self-defence behaviour.....so she meanwhile is swinging, she hit me several times ...And my fist is drawn back and I'm going to hit her.

There is ample evidence to suggest that women, as well as men, are perpetrators of IPV and that violence can be mutual and reciprocal (Archer 2006, Esquivel-Santoveña and Dixon 2012, Johnson 2006, Straus 2008, Testa, Hoffman and Leonard 2011). It has been found that perpetration by one partner of IPV is the strongest predictor of perpetration by the other partner (Baker and Stith 2008). As demonstrated, this was identified in the men's accounts but was also reported by some of the survivors:

**S2:** I just looked at him (*her partner*) and thought you're absolutely going bonkers...So I slapped him on the face...But he hit me.

When examining male desistance from IPV, although some females perpetrate violence it is the men's response to this that is important. This identifies what needs to change so that violence is not the chosen response. The men need to focus on their behaviours, as this is ultimately what they have absolute control over.

### *Life stressors*

The final basic theme identified within this organising theme relates to the collection of day-to-day latent stress factors or general life stresses in all of the participants' lives. The stressors identified were family pressures, financial problems, work issues, and a perceived threat of infidelity in their relationships. Researchers have identified that certain stressors in individuals' lives, e.g., children, employment, and financial strains, are associated with the use of violence in a relationship (Cano and Vivian 2003, DeMaris et al. 2003, Kyriacou et al. 1999). Such life stressors were prevalent in the current data both in the extent and diversity of them. These are typical everyday life challenges that are not unusual occurrences in most relationships. The difference with men who used IPV is that the response to these stressors is violence. This may be because, within their lifestyles these stresses and strains were perhaps perceived as being more extreme and extensive and therefore likely to have negative impact on their 'ways

of being'. These stressors are latent; in that they are always present and are a salient feature in the men's relationships. It is possible that the men have inadequate coping mechanisms or inability to deal effectively with such strains and stresses. Snow et al. (2006) identified that poor coping skills to deal with stresses in their lives, was related to men's use of violence in their relationships. As will be seen in the excerpts below, the mechanism used by these men to deal with stressors is violence. This mechanism may be effective for the men in the short-term as tension is released and the men feel better, but this reinforces the behaviour and so the cycle continues in the long-term.

In the current study, stressors consisted of various different factors, one example being issues surrounding family. This included arguments and problems with extended family, as well as pressures of bringing up children and juggling family life. One of the men indicated extended family pressures seemed to encroach in to his relationship:

**P1(C):** I got her Dad's birthday and this is something that we'd normally be rowing about getting close to a birthday. I don't know why. But it would sort of start me off,... I don't particularly like her brother.....And he doesn't like me.

One man explained how having a young family and the pressures associated with this caused stress, which resulted in violence:

**D9(P):** And then a few months after we had \*\*\*\* a new born baby, screaming and crying.... \*\*\*(*partner*) was obviously tired.... You know I was working long hours, coming home a bit resentful ....I was at work all the time and she was sat on her backside.....that was probably the first time anything physical happened.

This suggests that this man did not cope with the stressors or deal with them effectively but seemed to use avoidance focused strategies (Lazarus and Folkman 1984), which can lead to withdrawal and avoidance of the problems and issues. Problems then build up and violence then becomes the coping mechanism.

Another life stressor found running through the data was that of financial pressures. This ranged from money being described as getting 'tight' for one couple, another finding themselves 'heavily in debt,' bankruptcy for another couple and one couple having to deal with house repossession. All of these underlying stresses accumulate and contribute to a build up in pressure and a risk of violence. As one man commented:

**P4(C):** Hmm it was always about money. The only subject I remember arguing about with her in that time.....I'd feel myself getting tense and wanted to hit something and not wanting to hit her.....so we would be having an argument over money.....We'd both get irate, she would be shouting.....And I would shove past her.

Work was another source of strain and pressure and was seen throughout the transcripts as a latent issue within the relationships. One man clearly articulates the knock on effect of work stress:

**D8(C):** And work is a big driver of that (*stress*). So if things are really tough at work, my control is less, I tend to snap a bit sooner and I'm not so able to control my emotions because I've been controlling them and they are all in there.

A final stressor observed in some of the accounts, was one that is perhaps not as prevalent across relationships generally, but certainly was prominent in the current sample was the perceived threat of infidelity. This factor served as a trigger to violence through accusation and not necessarily fact:

**P3(C):** Hmm sometimes I accused her of cheating affairs, being unfaithful hmm that sort of thing really.

However, for others this was a stressor following the damage done when infidelity did actually occur; this resulted in arguments that were settled using violence:

**S1:** He promised that he had never phoned her (*the affair*) at work and I found that.....I found that and that is when our lives went. That's when the physical stuff started because I never got past it and still haven't really and he still gets it thrown in his face.

In summary, the organising theme of Antecedents and Triggers of Violence reveals the development of latent and acute factors that are present for the couples experiencing IPV. The themes developed represent some of the issues present in the men's lives, which for them at that point in time, resulted in violence. These antecedents and triggers vary in intensity and saliency and appear to have a threshold beyond which violence is likely to occur. Therefore, the cycle of lifestyle behaviours and 'way of being' is and remains a violent one.

#### 6.5.2.2 Organising Theme: Expression of violence

This theme was developed to include the types of violence used by the men in response to the antecedents and triggers to violence identified in the previous theme. This theme captures why the men were, or are identified as perpetrators of IPV. All the men have engaged in these different types of violence, but it is their abilities to avoid this part of the cycle that enables the process of desistance to commence.

This organising theme is made up of four basic themes: *Direct physical violence*, *Threatening and abusive behaviours*, *Displaced violence* and *Psychological violence*. A fifth basic theme *Escalation* is also attached to this organising theme but this has been singled out, because while it is a discrete feature of the global theme 'old way of being', it also runs concurrently throughout the four other themes.

##### *Basic Themes:*

##### *Direct physical violence*

This theme represents the defining point for this study in terms of whether the males are currently on the persist or desist pathway. Physical violence is

prevalent in intimate relationships with a recent review (Desmarais et al. 2012) suggesting that one in five men report using physical violence against an intimate. Physical violence was a feature in all of the accounts of the offenders and the facilitators and survivors, albeit historically for some. The extent of physical violence ranged from a one-off incident, claimed by just one of the desisters, to frequent and on-going incidents, reported by the remainder of the desisters and persisters. The facilitators reported that they had worked with men who had used a wide range of physical violence both in type and severity. The survivors also reported experiencing all different types of physical violence. This range of the different types of physical violence used and experienced was collated to make up this theme. Violence included behaviours such as pushing, shoving, grabbing and hair pulling, as well as incidents where men slapped, hit, punched and 'beat up' their partners. Several of the men's behaviours were particularly extreme as the excerpts below demonstrate.

**P6(C):** Me and my partner had a bit of an altercation hmm (*pause*) and she was in the kitchen and I picked up the lighter fluid and squirted it on her back...and then lit it and stood back and then just watched the flames go up her back.

**S7:** He raped me. And he was absolutely terrifying I saw a look in his face that I'd never seen before, which completely frightened me. He ripped my clothes off hmm he physically hurt me, rammed me up against the corner of a wall upstairs in the bedroom.

Direct physical violence was also used against non-intimates. Although the focus of the current study is IPV, this type of violence was a feature of several of the men's lifestyle of behaviours. In typology research, violence outside of the relationship is a distinguishing feature of the GVA type (Holtzworth-Munroe and Stuart 1994). The vast majority of the men in the current study (18 out of 22) referred to the fact that they had been physically violent outside their intimate relationships. This extended back to their school days and included violence towards other family members (siblings, parents and children) and for the majority, also violence towards other men generally in the context of social scenarios

involving alcohol.

### *Threatening and abusive behaviours*

This theme differs from the previous ones, as it does not include direct physical violence but instead includes behaviours characterised by the fact that the threat or intent of physical violence was embedded in them. Incidents included throwing objects in the direction of partners, chasing partners, and locking partners out of the house. The purpose was as one male (D2(C)) said 'physical intimidation'. The following two excerpts indicate the extent of the severity of some of these behaviours.

**P11(P):** I leapt on the bed, pinned her down and put the knife to her throat. And I said words to the effect that if I couldn't have you nobody's going to have you. Got off, slashed the knife into the bedroom door.

**D6(C):** On one occasion there was a screwdriver used, obviously just like pierced against her neck. I didn't actually pierce it there but you know, if you hold a screwdriver to somebody's neck they are going to be petrified.

### *Displaced violence*

This basic theme relates to expressions of violence directed towards objects. This form of violence, in a similar to the previous theme, is used to intimidate partners and was a maladaptive behavioural response used during an argument or altercation. This links in part back to the theme *Communication inadequacies* because at times, in the absence of being able to communicate with their partners, violence is directed towards an object as a means of expressing a point of view.

**D12(P):** So, to express my viewpoint, I want, I you know what I mean, so I'd punch walls, smash things instead, you know what I mean.

Violence is perceived as the best available resource in the absence of effective de-escalating strategies (Bird, Stith and Schladale 1991, Gryl, Stith and Bird 1991,



Messinger, Davidson and Rickert 2011). There are numerous examples in the data of how displaced violence was used but this survivor summarises the general content found in this theme.

**S7:** He liked to drink and drive and if I tried to stop that, he would get violent then hmm he would hmm throw things. There's a hole in the door where he kicked the door in. There's cuts in the cupboards where he threw my best china. He smashed up my scooter, he smashed, kicked the door in of his car. Smashed up the fencing.

### *Emotional / verbal violence*

*Emotional / verbal violence* was the fourth type of violent behaviour used by the men and this theme was much more prominent in all of the survivors' accounts than the desisters and persisters. This might indicate that the men don't see this as a form of abuse / violence or recognise this as something they actually do. Examples of this type of behaviour from the survivors' accounts included being called 'ugly and disgusting', being 'put down all the time' being 'made to look stupid' and being 'taunted and teased'. Other behaviours such as ignoring, phoning, and continual texting in order to monitor what partners were doing were all evident. These types of behaviours (psychological violence) have been frequently identified as being prevalent among couples (Williams et al. 2012) with some victims reporting that psychological victimisation can be more damaging than physical violence (Lawrence et al. 2009). Verbal abuse seemed to be the behaviour that was most evident in the current study, illustrated in the following excerpts.

**D9(P):** But then they progressively got worse and you know I'd say something nasty and spite her and upset her and then would back fire....and \*\*\*\*(*partner*) would say something that would upset me and I'd pick the most hurtful thing I could think of and that would be my retaliation.

**P9(C):** One of the worst things verbally I ever did to \*\*\*\*(*partner*) was and I mean, people say oh yes I shouted but I never tended to do that. The worst thing I used to do was take the truth, sharpen it up and throw it back at her. There's nothing hurts like the truth.

## *Escalation*

As can be seen in Figure 6.1, this theme is a discrete feature of the *Expressions of violence* organising theme, but it is also inherent in the other four basic themes. Therefore this needs to be regarded as a feature that runs concurrently through the types of violence used. It has been suggested that IPV tends to escalate in frequency and severity over time (Feld and Straus 1989, Walker 1984). More recent research has found that this is not the case for all IPV offenders as some men de-escalate in their IPV over time, although generally those who are the most severely violent initially are most likely to continue with their violence overtime (Holtzworth-Munroe et al. 2003, Piquero et al. 2006). In the current thesis, escalation relates to the part of the process where violence increases within the cycle of lifestyle behaviours. It is a feature that as it progresses makes it harder for the men to move to a non-violent pathway. Many of the participants describe this escalation as a 'cycle,' 'cyclical,' 'vicious circle,' or 'going round and round', which perhaps is a similar concept to the social cycle theory of violence (Walker 2009a, Walker 1984). This cyclical feeling is articulated very well by one of the males who commented:

**P4(C):** I call it the tumble dryer effect where it goes round and round and round and each iteration it would get, you would get a bit more angry and angry.

Only by weakening this momentum can the males start on the process of desistance. One male noted:

**P1(C):** It (*violence*) wasn't regular first of all but then came and it gets into a routine doesn't it.

**I:** So there were numerous incidents of violence?

**P1(C):** Yeah, after that first time.

**I:** Did they get progressively worse, the actual acts of violence?

**P1(C):** Yeah, they probably did, yeah.

As demonstrated, the organising theme *Expression of violence* is made up of the basic themes that capture the behaviours used by the males that mean that

their ways of being were violent ones. Continuing to use these behaviours renders the individuals on the persisters' pathway but if these behaviours can be changed and modified the process of desistance can begin and the way of being can become non-violent.

#### 6.5.2.3 Organising Theme: Permission to be violent

This organising theme represents the stage on the cycle of lifestyle behaviours (violent) where the male perpetrators of IPV create a justification that enables them, or gives them permission to continue using violence. The justification (or permission) is strong enough to prevent them from moving on to the desistance pathway, and is a barrier to change. Permission is required as the men attempt to deal with the psychological discomfort or cognitive dissonance (Festinger 1962) that they experience following their use of violence against their intimate partners. Cognitive dissonance is the observation that humans strive for consistency regarding their images of themselves and their worlds. When dissonance is present, the men try and reduce it by avoiding processing information that will increase psychological discomfort (Festinger 1962). This means that either their thoughts or their actions need to be changed, so that the two are aligned. While on the cycle of lifestyle behaviours (violent), the men change their thoughts to align with their behaviours on this cycle, by creating some form of *Permission to be violent*. Following the use of violence, the men engage in attributional searches (Festinger 1964, Weiner 1986) to align their thoughts with their behaviours. They do this by contextualising their violence, identifying their behaviours as normal, or blaming them on other people. It has been argued that denial of responsibility reduces the negative affective state induced by dissonance (Gosling, Denizeau and Oberlé 2006) and so is an effective strategy that enables the men to keep using violence. This allows them to continue to function within their relationships as the status quo is regained until the next incidents of violence. This theme is made up of three basic themes: *Not recognise behaviour as abusive*, *Externalising responsibility*, and *Identify self as agent of abuse*. These represent

three attributional searches made by the men, which gives them permission to use violence.

*Basic Themes:*

*Not recognise behaviour as abusive*

This was a basic theme that links to the concept of *Permission to be violent*, as it sums up how the males convince themselves that their behaviours were not actually violent or abusive. In the following themes, the men create scenarios to normalise their violent behaviours. There is some acknowledgement that an abusive or violent behaviour has happened but this is contextualised in such a way that justifies why violence was required or acceptable. However, in this theme, the men are convincing themselves that their behaviours are *not* violent or abusive. In doing so, their behaviours are not wrong or out of the norm and therefore they are not an issue that needs to be thought about further, challenged or changed. This was seen across all of the accounts and in particular one of the survivor's offers a very disturbing insight in to this.

**S6:** No, never showed any remorse. He didn't believe that he had done wrong, he doesn't believe he ever raped me. In his world it was a sexual encounter between a husband and wife.

The men rationalise and justify their violence through denial and minimisation, which are techniques that have been identified as common practice among abusive men (Catlett, Toews and Walilko 2010, Flinck and Paavilainen 2008, Gallagher and Parrott 2010, Goodrum, Umberson and Anderson 2001, Henning, Jones and Holdford 2005, Henning and Holdford 2006) and other offenders, especially those who sexually offend (e.g., Rogers and Dickey 1991, Schneider and Wright 2004). One of the men clearly believed this as he explained:

**D4(C):** I had sort of read books hmm and tried to improve myself. Tried to get to know myself better but because I didn't know I was being abusive, I didn't know that there was anything to change.

Another way that the men would convince themselves their behaviour was not abusive was by comparison with those they defined as abusive. In doing this they explained they were not 'one of those people who beat their wives' and were not like 'the others'. This can be best explained through the sentiments that are found in the following quotations:

**F5(P):** Most people that go to IDAP are very reluctant to go. They say I don't want to be there with a lot of other wife beaters, or I'm not like that, I'm not like that, the other blokes on the course.

**P3(C):** I didn't want to be put in, my biggest fear of it all, was I didn't want to be put in a room with a load of psychopaths who had smashed their wives to pieces with baseball bats and bricks. Because I don't feel as if I'm in that category at all.

### *Basic Themes:*

#### *Externalise responsibility*

This basic theme as seen in Figure 6.1 has numerous elements and includes three subthemes. As a whole, this theme represents that the men take no responsibility or ownership for their actions. Responsibility is either placed with someone or something else, so the behaviours can be justified. Again this has been identified as common practice in men who are violent against an intimate (Catlett, Toews and Walilko 2010, Flinck and Paavilainen 2008, Henning, Jones and Holdford 2005, Henning and Holdford 2006). Unlike the previous theme, the men are not suggesting that there have not been any abusive or violent behaviours, but they can, in their eyes, provide rational and logical explanations for what happened. Part of the process includes contextualising the violence, meaning that the violence is considered as 'acceptable' and certainly from their perspectives is understandable. The three subthemes that represent this part of the framework are *Blame partner*, *Lack of resource* and *Contextualise behaviour*.

### *Sub-Themes:*

#### *Blame Partner*

This theme was seen extensively throughout the data and across the accounts from all four groups. As previously identified partners' characteristics and use of violence made up one of the sub-themes associated with *Antecedents and triggers to violence*. Here partners are seen to have a causal role in the use of IPV. The difference of the role in the current theme is that it represents a post hoc rationalisation, following a period of reflection when psychological discomfort will have been created for the men. This results in a self-fulfilling prophecy, as this type of rationalisation and justification following violence creates the foundations for the partners to become antecedents or triggers for the violent incidents. In the previous theme partners are seen as causal in the men's violence, and whilst this is still the case, in the current theme, partners are used to gain permission by the men to use and continue to use violence. It is this subtle difference that warrants them being two discrete themes, although they are intrinsically linked. In this theme, permission is achieved at this point of the cycle, as the men argue that their violence was their partners' fault. If it is not the men's fault, there is nothing stopping them from using violence again when a similar incident happens. The men therefore become the victims and they re-frame their violence as reactive responses to their partners' behaviours.

It may very well be the case that at times the partners do instigate violence (Archer 2006, Esquivel-Santoveña and Dixon 2012, Johnson 2006, Straus 2008, Testa, Hoffman and Leonard 2011), but this theme represents how the men appraise the situations to enable them to also use violence in their relationships. In doing this, they take no responsibility for their own violence, be it reactive or proactive, and apportion blame to justify their use of violence, contextualising it as understandable and acceptable. This provides a strong argument for why violence was maintained in relationships. The first extract below demonstrates, in line with findings by Flinck and Paavilainen (2008), that the men suggest that they are merely defending themselves from female provocation.

**D1(C):** She was on me and I would pin her to the sofa or the floor hmmm so I think the physical abuse was a, what's the word I'm looking for, pause, a defence.

**D2(C):** It's been a revelation to me how each and every one of the blokes here considers themselves a victim of abuse. You'd have to, you'd have to be one to recognise it yourself. We all feel aggrieved. This is an outrage, how could she do this to me. Once you feel that, everything is justifiable.

This passing of the blame was also experienced extensively by the survivors and observed by the facilitators during assessment and treatment of the men. This is seen in the following quotations.

**S(2):** But he, I don't think he ever took ownership for his actions. He always, you know, it was always somebody else's fault..... he'd say it [*him being violent*] was all my fault.

**F6(P):** A lot that come in [*men to treatment*] its she did this way worse....and she provoked me and it's all she she she she.

The men attribute their use of violence to certain characteristics and behaviours of their partners, which manifest throughout the cycle of lifestyle behaviours. Their partners' characteristics and actions are latent and acute triggers that cause violence; violence is then justified and maintained by rationalising that the blame for its use lies firmly with their partners.

### *Lack of Resource*

This theme, like the previous one, is a way for the men to externalise responsibility for their violence and therefore continue to be violent. This was only found in one of the survivors' accounts and one of the facilitators' accounts. However, several of the men argue that they are unable to access treatment or find suitable help, which means that they are unable to stop using violence. Responsibility and blame lies externally with the lack of available resources. Violence can continue until suitable treatment has been found and started. Many of

the men talk about wishing that they had found treatment earlier, believing that this would have perhaps meant their violence would have not continued.

**P2(C):** So, I was trying beforehand (*to get treatment*). But I wasn't sure what was out there. I wasn't sure what, the nature of what I was doing, well I suppose now that I've been here a few weeks and more educated about what's what and what affects my partner.

**P8(C):** Is that this, if I'd been in Splitz 10 years ago, probably before it existed, or sought that help then, I'd have been, it would have been much better.

### *Contextualise Behaviour*

This sub-theme is made up of three further sub-themes that all explain how the men normalise their use of violence. Again this serves as a way of giving permission to use violence: if this is normal behaviour it does not need changing. These themes represent how the men rationalise, justify, reason, and convince themselves and others that their violence is acceptable because it is nothing out of the ordinary. The men contextualise their behaviours as normal in three different ways. This is represented by the three further sub-themes of, *Contextualise behaviour as normal in their own relationships*, *Contextualise behaviour as normal in all relationships* and *Contextualise behaviour within the situation at that time*. These three themes are very similar those found in a qualitative study of men who use IPV by Catlett (2010) in which it was found that men would create situations that normalised their behaviours or offered 'rational' explanations for why they used violence. Whilst all the themes in the current study ultimately serve the same purpose, to reduce dissonance and give permission for violence, they all have subtle differences, and so were developed as discrete concepts.

#### *Sub-Themes:*

##### *Contextualise behaviour as normal in their own relationships*

This theme shows how the men suggested that their violence was 'just' arguments that were normal within *their* relationships. Their perceptions were that this was how they were as couples and so this was typical of their relationships'



dynamics. One of the facilitators commented:

**F8(P):** I think it's almost like he sees that as kind of typical behaviour for them [*male offender and partner*], that pattern....he doesn't need to change...the violence becomes the norm.

By contextualising the violence as normal within their relationships the behaviours were no longer wrong and this in effect gave the men permission to continue using violence.

**I:** While you were using violence though, did you actually realise it was wrong or

**P1(C):** In the end it just got to normal, it just like I was doing it, I was angry, I was waking up, as long as, ohh it's weird isn't because I'm making up with someone I've just hit.

**D11(P):** That's what we normally did and in 23 years there was never any you know, I'm going to tell the police you just pushed me and things like that, because it was normality in our normal relationship that a bit of push and shove.

### *Contextualise behaviour as normal in all relationships*

This theme is the same as the previous one in that it captures how the men normalise their use of violence. The subtle difference is that the point of reference is not his *own* relationship but *all* relationships in general. The end result is the same: these are normal behaviours and therefore do not require change. For many of the men, this belief came from what they had experienced with their own parents. For example:

**D11(P):** That was just like normal life. I thought behind closed doors, I mean my Dad was violent to me Mum, me brothers and sister in law were violent to each other... me brother smacks me sister in law....I've seen me Mum you know, get a backlash from Dad's hand and I think I was living in that realm of behind closed doors, it's a normality you know.

Other men used relationships in general as the point of reference:

**F3(P):** You'll often hear people (*men in treatment*) making sweeping statements like everybody bickers or everybody argues ...they believe that a certain amount of arguing and tension in a relationship is nature.

**D9(P):** It was just general normal arguments which you would expect in a relationship.

### *Contextualise behaviour within the situation at that time*

The final way of normalising behaviours was by the men offering a plausible explanation for how the violence occurred. This was done two ways: some of the men suggested the way events unfolded caused the violence to 'accidentally' happen and so violence was an unlucky and unforeseen consequence at that point in time. This is demonstrated in the following excerpt.

**P4(C):** I went up to the door and said \*\*\*\*(*partner*) I've got to leave because and I remember saying it quite calmly, I said look I'm going to open the door, I would like you to move out of the way before I open the door.....And she refused to move and I opened the door. Now she didn't end up getting hurt but it's not a nice feeling to be shoved out of the way of the door.

For others they explained that they made sure their behaviours were not really going to hurt their partners so at those instances it did not really constitute conscious physical violence. For example:

**P2(C):** It has gone as far as me throwing things at her, like, you know, remote control Umm you know, plastic bottles and stuff that isn't really obviously going to harm someone, you know, never anything like knives or you know, heavy blunt instruments or stuff like that, but you know, I'm not saying that's an excuse, it's just that I'm conscious that or subconsciously thinking that you know, this isn't going to hurt her.

The survivors identified that their partners would contextualise their behaviour as responding to specific incident at that time, e.g., in this case an incident of female violence.

**S1:** I saw \*\*\*\* [*her partner*] statement....he told them [*the police*] that I'd punch him in the side of the head and it was self-defence to get me off him.

### *Basic Theme*

#### *Identify self as agent of abuse*

This theme is represented by five sub-themes that show how the men assign certain traits and characteristics to themselves that enable them to take on the identity of 'IPV perpetrator'. By recognising themselves as agents in the process and taking on such characteristics, this becomes a label which they live up to, and gives the men permission to use violence. The men explain violence through negative internal attributions, i.e. this is my way of being, this is how I am. For example, one man said:

**P7(P):** Yeah kind of, just thought I done it (*punched partner*) because I'm a bad person.

It has been suggested that offenders who (as seen in the previous statement) explain deviant behaviours because of internal uncontrollable attributes (i.e. this happened because I am a defective person) experience decreases in self-esteem and are more likely to give up on all attempts at avoiding relapses in their behaviours (Hudson, Ward and Marshall 1992, King and Polaschek 2003). In the current study, negative internal attributions allowed the men to use violence in their relationships because they can explain and rationalise what it is about them and how they are, that makes them violent. Cognitions and behaviours are therefore aligned and dissonance avoided.

The following sub-themes were seen extensively in the data, each different in their content but all serving the same purpose.

#### *Sub-Themes:*

##### *Psychological instability*

Many of those interviewed associated their use of violence with depression. One male talked about 'repeated depressive episodes' and others commented they were formally diagnosed with depression with several having been prescribed anti-depressants. This is in-line with some of the characteristics observed in Chapter 5 based on the MCMI-III scores, and previous research (for reviews see

Schumacher et al. 2001, Stith et al. 2004b). Several survivors identified depression as a feature of the men's characteristics, for example:

**S3:** He went in to a real some sort of depression...You know I could see it. He was very depressed.

**S2:** He'd been diagnosed with depression and he said it's a relief...to be diagnosed with it.

In the current accounts, the men also look to create identities of people with illnesses or problems that then explain why they were, and continue to be, violent. This suggests the men see being violent as a medical condition that needs to be treated. One man suggested:

**D2(C):** I'm programmed the wrong way.....and in the moment it (*violence*) seems justified, but presumably because there's some kind of bad wiring up there.

Therefore the men do not focus on the violence and what is wrong with that type of behaviour, but on providing authentic and validated reasons for why they behave violently.

**D9(P):** I thought I had something wrong with me. Mentally you know. The first thing I did was put down to some sort of illness or you know, so I asked to be evaluated.

**P6(P):** I don't know if that's odd behaviour (*using violence*) or what. That's why I genuinely thought it is a case that I am bordering on being a little psychotic.....To do something like that I've got, there has to be something not 100% right.

### *Aggressive / angry person*

This is when the men see themselves as aggressive people with 'anger management issues'. As would be expected, there is evidence to suggest there is an association between anger and men who use IPV (Barbour et al. 1998, Dutton 2006a, Stith et al. 2004b). In the current study, the men take on the role of agents

of abuse and look to attribute the reasons for violence to these specific characteristics and traits. As one man describes himself:

**P7(P):** Really aggressive.....Terrifying. I was obscenely aggressive like stupidly aggressive.

This taking on a persona was expressed by one of the facilitators when talking about one of the offenders:

**F7(P):** (*The offender*) classed himself as “I am an angry man and that’s how I am – I am just an angry man” and that was almost like that’s not me behaving that way, this is this angry man.....he was very violent and aggressive angry man.

### *Perceived lack of staying power*

As will be seen later, the men have to work hard to change their behaviours. This theme represents the fact that the men see themselves as individuals who try to change but end up slipping back into their old ways. They lack the dispositions needed to put the hard work in and maintain non-violent behaviours in the long-term.

**P1(C):** I hope that I can do this. But I’ve seen other guys that can’t, do you know what I mean? So I’m just, I know that I can see at the time you could easily let it slip again if you wanted.

**P2(C):** I hope to (*stay violence free*) I would like to but, because I really believe it but I’m not 100% sure or convinced myself yet because I know I’ve tried to do things in the past where you know, made a massive effort to do it and then I haven’t seen it through and then I’ve failed I might start off with all the best intentions to do really well for two weeks and then after that, not do it.

Similarly, two of the survivors noted this lack of staying power. One of the women explained:

**S1:** He is a nice bloke for a couple of weeks that he’s changed but he slips back...he makes an effort but it is hard....he still has not got the character to be able to do it [*change*] long term.

### *Trust and jealousy issues*

This theme represents how the men identify themselves as individuals with jealous traits and characteristics, which results in them having issues with trusting people. This links to previous research findings of an association between jealousy and IPV (Dutton et al. 1994a, Dutton 2006a, Moore, Eisler and Franchina 2000, Stith et al. 2004b).

Again this persona offers permission for the use of violence within intimate relationships. As one of the persisters, one of the survivors and one of the facilitators simply explain:

**P1(C):** I was just, I'm a very jealous guy actually.

**S5:** \*\*\*[her *partner*] was very jealous...very jealous...he's a very jealous person.

**F7(P):** He [*male offender*] is very jealous of his partner.

This jealousy for some manifested itself, as a lack of trust – another characteristic that the men saw was part of their identities.

**D12(P):** I just didn't trust nobody. I didn't trust, I didn't trust \*\*\*\*(*partner*) and I didn't trust me mates.

### *Insecure*

The final identity adopted by the men is illustrated by the theme of *Insecure*. This theme was more extensive in the men's accounts, although two of the survivors described their partners and two facilitators described the men they worked with as being insecure. The men simply talk of the insecurities they experienced as individuals. Again this is a process of self-identity; the men recognise themselves as agents of abuse in the process by assigning themselves these characteristics. This role is then fulfilled by the on-going use of violence in their relationships brought on by the insecurities the men have assigned to themselves. One man identified that:

**P8(C):** All these issues which have been realised in the last five weeks, which I now see was my behaviour are because I am insecure.

This theme perhaps links to attachment styles of the men, as there is evidence to suggest that those who abuse their partners are more often insecurely attached (Dutton et al. 1994a, Mauricio and Gormley 2001). It is not clear how insecure attachment relates to IPV, although Buck et al. (2012) suggest that the relationship can be explained by separation anxiety and distrust. These two factors are evident in previous themes, e.g., trust and jealousy and perceived infidelities (as a life stressor), and this reinforces the fact that several of the themes and concepts found are intrinsically linked.

In summary, what is important in the current theme (and all the themes that represent *Identify self as agent of abuse*) is how the men use the contexts, justifications, and their identities to avoid or remove psychological discomfort (or cognitive dissonance; Festinger 1962). This enables them to achieve psychologically comfortable states (consonance) and gives them permission to continue to use violence. This cycle of lifestyle behaviours identified the 'way of being violent' for both persisters and desisters. This part of the process is the same for both groups and the issues identified by them were also seen across the accounts from the survivors and facilitators. The process of persistence was as evident in the data as the process of desistance. Importantly what is happening during this cycle provides vital clues as to what needs to be the focus of change (i.e. triggers of violence and the factors that enable the men to continue using it), so that desistance is initiated and maintained.

### 6.5.3 Catalysts for change

This global theme represents the part of the conceptual framework that details the factors associated with initiation of the desistance process. It is made up of three organising themes, *Consequences of violence*, *Negative emotional responses*, and *Point of resolve: Autonomous decision to change*.

These organising themes and their associated basic themes are presented in Figure 6.3.

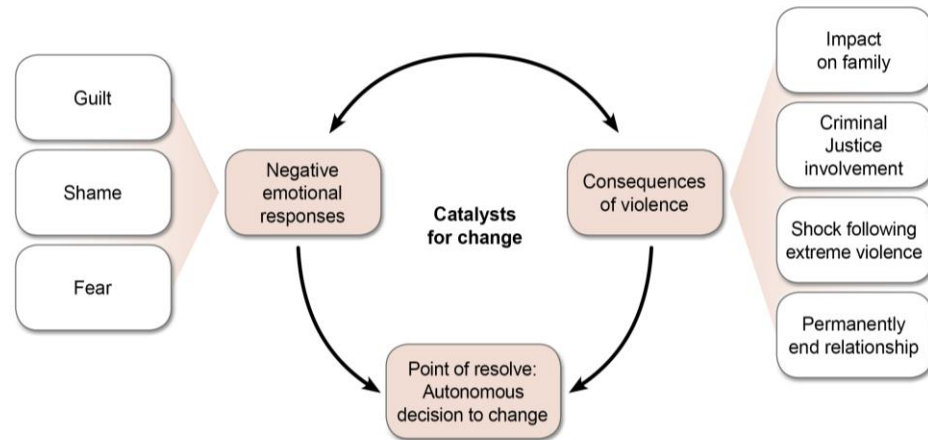


Figure 6.3 Global theme, organising themes and basic themes for Catalysts for change

The themes seen in Figure 6.3 represent the triggers that instigate the men to stop using violence. However, these triggers are not discrete unique incidents that suddenly change a persister into a desister, but are catalysts or stimuli of change. The triggers occur and are experienced gradually and more importantly accumulate over time in number and in types experienced. It was observed from data that an accumulation is more likely to initiate desistance when the *Point of resolve: Autonomous decision to change* is finally realised, and this is activated following exposure to several *Consequences of violence* and when *Negative emotional responses* have been experienced. The *Point of resolve: Autonomous decision to change* is the part of the process where individuals take responsibility and ownership for their behaviours and at the very least, admit that they need to change something about them. Only by reaching this point can a new cycle of lifestyle behaviours (non-violent) be explored. The desisters in the current data set experienced far more *Consequences of violence* than the persisters. What is even more notable is that all of the desisters experienced the *Point of resolve: Autonomous decision to change* but only three of the persisters did. This suggests



it is this resolve and decision to change that is crucial to the transitional process of desistance. The point of autonomous resolve may be the stage where the individuals' values and belief systems start to change and in doing so, desistance is more likely to be achieved.

The themes in this part of the conceptual model demonstrate that the initiation of desistance involves an interaction between structure (life-course events) and agency (individuals' choices, motivations, values and beliefs). This interaction was a fundamental part of the process that initiated the move away from the cycle of lifestyle behaviours violent towards the next cycle where behaviours become non-violent. The men were active in the process of desistance (e.g., internalising and acting on triggers, engaging in treatment, creating different identity). Vaughan (2007) proposes that when the structural account of desistance is taken in isolation the process is seen as passive, e.g., suggesting social influences such as employment can exert change with little participation from the individual. However, this emphasis on the role of structure neglects the involvement of the individual in the occurrence of life events (LeBel et al. 2008), and suggests that individuals are wholly constrained by structural forces. More recent accounts of desistance champion the roles of both structure and agency in the process (Barry 2010, Bottoms et al. 2004, Farrall et al. 2011). This was observed in the current study where for structural factors (found in *Consequences of violence*) to be influential in facilitating change, the men needed to regard them as personal concerns and see them as positive developments and available for realisation (active role of agency).

#### 6.5.3.1 Organising Theme: Consequences of violence

This contained four basic themes that capture certain consequences that happen following violence that then become catalysts for change. The basic themes created to represent this organising theme were: *Impact on family*, *Criminal Justice involvement*, *Shock following extreme violence*, and *End of relationship*. These themes symbolise triggers or turning points, i.e. events,

situations, or incidents that occur and progressively activate the men's thought processes towards recognising the need to change. In the general offending literature, it has been found that certain turning points or triggers are closely linked to desistance (Sampson and Laub 2005, Savolainen 2009, Uggen 2000). It is suggested that desistance is shaped through a process of 'knifing off' (Laub and Sampson 2003, Maruna and Roy 2007). Turning points and transitions such as marriage/spouses, the military, disintegration of peer groups and neighbourhood change create a new situation that means an individual can knife off 'the past from the present' (Farrall, Bottoms and Shapland 2010, Laub and Sampson 2003, Maruna 2001, Warr 1998). However, this does suggest that desistance is a static process initiated following a one-off event, e.g., marriage. In contrast, the present study clearly shows that the men experience an accumulation of several external triggers as a consequence of their use of violence that then initiate desistance. In addition, these triggers are not general social controls such as marriage and employment but context dependent external factors (e.g., impact on family, Criminal Justice involvement, end of relationship) that accumulated through the on-going use of violence in the relationships.

#### *Basic Themes:*

##### *Impact on family*

As the name of this theme indicates the *Consequences of violence* and therefore the *Catalysts for change* relate simply to the men's realisation of the impact their violence has on either their children or partners, and the bearing this has on their family units. This theme was found in only one of the survivors' accounts (S1), who suggested that the realisation by her partner that she might leave the relationship was a trigger for him that change was needed. However, seven of the facilitators identified the importance of family as a catalyst for change particularly children, for example:

**F2(P):** How do they stop ...it probably helps if there is a biological child...because they don't want the child to witness or to act like that.

Similarly, this was explained succinctly by one of the men when during an episode of violence:

**D1(C):** It's just I remember seeing my daughter and that's what triggered the, this is not acceptable any more.

Of particular importance for the men is the potential of loss of their children and families, which acts as a trigger for change. This factor seems to instigate the awareness that a different lifestyle is needed. This was the case for nearly half (15) of all the men, nine of whom were desisters. As one of the desisters recounted:

**D5(C):** It's the thought of it when I actually slapped \*\*\*\*(wife).....I was don't let them take my son, don't let them take my son, don't let them take my son...And the thought of losing family first and foremost ran through my mind. Then you think I've got to do whatever I can to secure my family.

This consequence of potentially losing their partners was magnified by the fact that the men were forced into a position, because of the women giving an ultimatum, either get help or they will leave.

**P1(C):** Because \*\*\*\*(partner) said if you don't go and get some help I'm going to leave you.

**D10(C):** And then \*\*\*\*(wife) found Splitz and basically said phone that or else.

No researchers to date have specifically examined triggers or turning points experienced by desisters or persisters in relation to IPV, although Sivergleid and Mankowski (2006) found that fear of losing partners and children, and criminal justice involvement facilitated a movement towards non-abusive behaviours. These findings were similar to the concepts described in this theme in the current study and the theme *Criminal Justice Involvement* that follows.

### *Criminal Justice Involvement*

This theme, which represents the different aspects of the Criminal Justice process that were found to initiate change, was discussed by several of the survivors and facilitators. For example:

**F4(P):** So the Court event mainly is the trigger that brings it to light, brings the reality to people that they can't go on like this.

**S3:** The fact he was taken in to probation was a key trigger for him changing his behaviour.

The men also talked about the influence of the Criminal Justice process, but again this was more prominent in the desisters' accounts than those of the persisters. The key trigger was the fear that their violence could result in arrest.

**D6(C):** And like I said it was the fear of getting arrested that stopped me from hitting her.

This trigger manifests as an awareness for the men that if they continue using violence they could end up in prison. This encourages the men to stop using violence for reasons of self-interest. Some of the men were driven by negative reinforcement not positive reinforcement (Bandura 1986), i.e., change was initiated in order to avoid prison and it was not motivated by desires to have violent free relationships. This suggests that at this time, the men's motivations are to move away from something unpleasant and not towards something pleasant. This would suggest that for part of the process the men's focus needs to be placed on 'the self' and avoiding unpleasant outcomes, which provides strong motivation.

**D9(P):** But I suddenly realised at that point you know, I was thinking I'm going to jail. I've messed everything up.....I mean sat in the cells I was scared to death of being sent to prison you know.

An observation of this theme was that the specific *Criminal Justice Involvement* of probation was enforced for some men, i.e., they were court-mandated to treatment (and so not voluntarily self-referred). Some of the men

identified that this was a trigger that led them to address their violence. For example:

**P6(P):** I had to go IDAP (*probation treatment programme*) because that's what the court said. You got to do it.

However, it was only the persisters who identified this as a trigger, which suggests that this factor alone is not necessarily strong enough to move men permanently from their violent pathways.

### *Shock following extreme violence*

The shock experienced by the perpetrators when they committed violence of a particularly high level of intensity acted as a potential trigger. As one of the survivors recalled:

**S3:** I think he [*partner*] didn't realise he was capable of doing what he did [*beat her up badly*]...he needed a wakeup call.

Simply put by one of the desisters:

**D8(C):** So the one incident that really went over the top was the one that made me go, do you know what, I've got this so wrong.

The men need this shock to then activate an internal reaction about their behaviours. One of the facilitators noted:

**F3(P):** But hmm they see the damage they've done, or they've seen the look on her face you know, when she was being choked and that and it scares them.....When you ask them about has your anger, has your own anger and your own behaviour ever frightened you. They all say yes.

Haggård, Gumpert and Grann (2001) observed that extreme shock triggered the desistance process in high-risk violent chronic offenders (repeatedly convicted

violent offenders, defined as high risk based on standard risk assessment measures). Furthermore, Sommers, Baskin and Fagan (1994) suggested that a shock or crisis triggers the decision to change as individuals hit rock bottom, and realise that objective and subjective changes are required. In the current data it seemed that 'rock bottom' was experienced due to the extreme nature of the violence used.

### *Permanently end relationship*

This consequence is a different trigger for change to the other ones identified, in that this does initiate desistance immediately but only for that relationship at that time. This might relate to opportunity, as reducing the opportunity for violence (e.g., by leaving and filing for divorce) has been associated with desistance from IPV (Wooldredge and Thistlethwaite 2006). Some of the men in the current study reported that the end of the relationship was actually the trigger they needed to stop the violence with *that* partner. This was discussed by both the desisters (seven) and persisters (four). One of the men commented:

**D1(C):** The situation needs to change and I think in separating from \*\*\*(*wife*) obviously helped that because I wasn't being, or I didn't feel like I was being controlled or manipulated, or indeed had that stress ..But in ending this, in leaving the situation I was in made it easier for me to get rid of that part of, side of my personality.

Likewise, one of the survivors recalled a similar scenario and when asked why the violence stopped, simply said:

**S6:** Because the relationship had come to an end.

For some of the men this did bring about a cycle of lifestyle behaviours (non-violent) as they successfully went on to have violence-free relationships. This is consistent with research by Whitaker, Le and Nolon (2010) who found that violence was not always stable across relationships as a high percentage of men (70%) successfully maintained a violence free relationship with a new partner

following a violent relationship with a previous partner; a facilitator observed this:

**F2(P):** A lot of the men say that it's a change of relationship and the fact that they are out of that relationship means that they are no longer abusive and their current relationship is perfect. ....rather than trying to make it work, actually let go of the relationship is more helpful.

However, for others this is not a strong enough trigger to stop the violence permanently across other relationships, as for this to happen other influences are required. An example of this is seen with one of the men whose violence ended with his first wife only because they separated:

**P1(C):** The violence stopped because we separated, she was not there.

However, this man was violent again in his next serious relationship. Although Whitaker, Le and Niolon (2010) observed that 70% of men who were violent in one relationship desisted in their second relationship, this also means that 30% were violent across relationships. This suggests, in line with the current study, that persistence and desistance of violence across relationships is likely to be different for each man and emphasises the importance and relevance of the dyad in the process of desistance.

All the men experienced an accumulation of different triggers to desistance. They all differed in the types and amounts, but they seemed to gain momentum over time that instigated thoughts that changes were needed. One of the men clearly identified this accumulation.

**P6(P):** Yeah. So there wasn't one big shocking event that you suddenly thought, right I need to change. It was kind of a process of the police were involved, probation were involved, girl friend saying you should be something about it, IDAP come along. So it was kind of all of those things that.

#### 6.5.3.2 Organising Theme: Negative emotional responses

Negative emotional responses were clearly identified as being catalysts for change. Such responses were likely to cause cognitive dissonance for the men, who then needed to regain consonance. Again, it was a process of accumulation that assisted the men to move to non-violent lifestyles of behaviours. The basic themes *Guilt, Shame and Fear* represent the three negative emotional responses found most widely within the data set and these emotions arose as a response to the *Consequences to use of violence*. Desistance was only initiated following an interaction between the external structural factors (*Consequences to use of violence*) and agency (internal negative emotional responses) observed in this theme. The negative emotional responses should not be considered in isolation. They appeared to increase in intensity over time until their presence reached a threshold at which point they began to act as a form of psychological punishment. This serves as a deterrent and becomes part of the intrinsic motivation to change.

##### *Basic Themes:*

##### *Guilt*

This is an emotion that was seen in both the desisters and the persisters. Guilt needs to be activated and this was achieved with the acknowledgement that harm has actually been caused (Olthof et al. 2000). The differentiating factor seems to be that for the persisters this acknowledgement and negative emotional response was short lived.

**I:** How did you feel after the incident where you punched her in the face

**P2(C):** Really guilty. Incredibly guilty straightaway. Like a mille second after I did it.....Well I felt guilty...well for a couple of weeks.

For the desisters, the guilt was more ingrained. This may be because the desisters seem to be exposed to more consequences to violence than the persisters. This may strengthen and extend the guilt felt, both in depth of feeling and number of times it was experienced. One of the desisters described himself as



'guilt ridden', whilst another commented that there was always 'more and more guilt.' Another desister explained that he had felt guilt when using violence and that this reached a point after a particularly violent incident where he felt 'significantly different from a guilt point of view'. This finally triggered his move on to a non-violent pathway. This links to the trigger *Shock following extreme violence*, and shows again, how parts of the conceptual model are intrinsically linked. Certain triggers activate guilt as a response that then initiates change. This deep feeling of guilt is found in an example from one of the desisters:

**D8(C):** I'm getting goose bumpy just thinking, just thinking about how did it make me feel. How could I do that to someone that, how can you behave that way to somebody that you care about.... this was somebody I'd hurt I felt, guilt, more guilt I felt the worst I've ever felt in my life....Which was then the driver for, I've got to fix this.

There is common agreement that a certain level of guilt (and shame) can be an adaptive emotion that is orientated towards prosocial behaviour (Aksan and Kochanska 2005, Hoffman 2000, Tangney et al. 1992). Guilt is adaptive when it motivates the individual to be concerned with others (Lindsay-Hartz, De Rivera and Mascolo 1995). In the current study the desisters experienced this 'concern' for others from their guilt, which then initiated desistance. The persisters seemed to concentrate on feeling guilty about the fact they had used violence and about the act itself more than the repercussions for their partners.

### *Shame*

This was another of the negative emotional responses that was found to serve as a trigger and catalyst for change. A body of literature has associated shame as being part of the process for moving away from offending (e.g., Braithwaite 1989, Giordano, Cernkovich and Rudolph 2002, LeBel et al. 2008, Leibrich 1996). This is different to guilt, where the men focused on their behaviours, because in this theme the focus is on the self. Two of the survivors and five of the facilitators suggested that shame was a catalyst for change with both these groups referring to the fact that the men felt deeply ashamed about their use of violence.

**S1:** He's very ashamed of himself and he's ashamed in front of his family.

**F4(C):** A lot of men come to us [self-referred treatment] because they are ashamed.

However, what is really interesting about this theme is that most of the desisters (seven) talked about the influence of shame in relation to IPV, but none of the persisters did. Shame appeared to be a deeply embedded feeling. From the data it appears that guilt needs to intensify and that shame also needs to be experienced in order to initiate change. Some of the examples of shame given from the desisters include:

**D3(C):** To this day I am not proud of what I did.

**D5(C):** After that I felt disgusted with myself. Through actually hitting someone let alone a woman, you know made me feel ill really. And that's something that I've got to deal with for the rest of my life.

**D12(P):** The shame actually, to be honest I just, I didn't know where to hide me , put me face. In fact even now I don't know where to put me face.

The management of shame observed in the current study was also relevant in relation to desistance. There are differences in how individuals manage shame, either by shame displacement or shame acknowledgement (Ahmed 2001, Braithwaite et al. 2003). Shame acknowledgement is admission and recognition of wrong and involves expressing remorse, as evidenced by the desisters and was linked to the cessation of violence. However, displacement involves blaming others and expressing anger towards them, as evidenced by the persisters as they seek permission to continue to use violence. The acknowledgment of shame means that individuals take personal responsibility and will refrain from further wrongdoing whereas purely dismissing shame (and therefore not experiencing it), by blaming others will initiate further wrongdoing (Ahmed 2001, Ahmed and Braithwaite 2006, Braithwaite et al. 2003).

From these data it would appear that this movement along a continuum from

guilt to shame is required in order to activate change and initiate a new cycle of lifestyle behaviours that are non-violent. For some, guilt initiates desistance when the focus is on the behaviour (Olthof et al. 2000). For others, guilt can be managed and avoided by simply not acknowledging the behaviours used and the harm done. With shame the focus is on a global negative evaluation of the self rather than on the behaviour (Proeve and Howells 2002) and needs to be acknowledged and not displaced. If guilt and shame (acknowledgement) are both experienced, negative emotional responses are more likely to act as triggers for desistance. This was demonstrated in that although both desisters and persisters experienced guilt, this was not enough on its own as shame was identified by the desisters as a factor in their cessation of violence, but it was not something that the persisters talked about.

### *Fear*

This theme was not as prominent for the survivors as only one survivor (S2) talked about her partner being fearful of the consequences that might happen if he used violence, e.g., arrest. Three of the facilitators identified fear as a potential trigger to change, with one suggesting the men may become fearful of their own behaviours.

**F3(P):** It frightens them [*offenders*]. A lot of men are frightened by their behaviour....afterwards they will be frightened by their own aggression and want to change this.

This theme was predominant for the desisters (eight) but only three persisters talked about fear. As one of the desisters commented:

**D13(P):** I was disgusted with myself, you know I really was, I really was but I was frightened as well. I was frightened in the sense that obviously the implications of what I'd done.

This theme demonstrates well the inextricable link between Negative *emotional responses* and *Consequences of use of violence*, i.e., several environmental and situational triggers were seen to generate an emotional

response of fear. Fear is particularly aligned with deterrence theory, which assumes offending is inversely proportional to the swiftness, certainty and severity of punishment (Polinsky and Shavell 2000). In the current study when frequency and severity of violence and contact with Criminal Justice agencies increased over time, the levels of fear felt by the men increased, which then became a deterrence (as certainty and severity of punishment increased) that initiated the desistance process.

Desistance is a complex process as each offender is influenced by a myriad of diverse situational factors that interact with them as agents, to create triggers and transitions towards desistance. The different types of situational factors that created fears are seen in the following excerpts.

**D6(C):** It was the fear of me getting arrested because obviously I'd been arrested like twice.

**D9(C):** I mean sat in the cells I was scared to death.

**D10(C):** Yeah I was just scared I wouldn't see the kids.

#### 6.5.3.3 Organising Theme: Point of resolve: Autonomous decision to change

This organising theme is a concept in its own right (i.e. has no associated basic themes) and it represents the intrinsic triggers that come from within the men themselves that stimulate the recognition that change is required. This is not a spontaneous event, but is a result of experiencing the *Consequences of violence* and *Negative emotional responses* that have concurrently occurred. Prior to the accumulation point of the catalysts for change identified, the men did not acknowledge their behaviours as something that needed changing. In the context of the TTM (Prochaska and DiClemente 1984), the men at this point were experiencing the first stage of the process of change, precontemplation, which has been identified as being where the behaviour is denied or minimised. However at the point of resolve, the men seem to have experienced two other stages in the TTM, contemplation and preparation. This is shown through how they

acknowledge their behaviours as abusive and wrong and have established commitments to change. All of the desisters (and several of the facilitators) refer to this, but only three of the persisters seem to have experienced this part of the process. This however, was not found in the survivors' accounts. The general essence of this theme is that the men cannot 'go on like this'. The men seem to admit to themselves that they have a problem that needs addressing and look for help. Several of the men refer to this as a 'conscious choice'. It is here that a cognitive dissonance has been reached that is strong enough to encourage the men to search for help to stop using violence, as opposed to searching for permission to maintain violence. Some examples from the text that show this include:

**D4(C):** I was on the verge of insanity really, I was angry all the time and ....I just thought I can't go on like this anymore.....and I had to go there (*to treatment*) because I was afraid and I needed to get it sorted out....it was all from within me.

**D8(C):** So I came to the group because I got to a point where I made a decision to do something. Nobody, I was in no situation where it was forced or imposed whether it be by my partner or but I went this has got out of control and I need to fix it.....I made a decision that said, well I made a conscious decision to try to change.

The point of resolve emerges as the end point after the cumulative impact of the consequences of their behaviours:

**D1(C):** It's just I remember seeing my daughter and that's what triggered the, this is not acceptable any more.

It is clear this is a conscious autonomous choice. Self-determination theory is a theory of human motivation that distinguished between the motives, i.e., autonomous or controlled, which regulate behaviours (Ryan and Deci 2000). Autonomous motivation originates from the self and fulfills personally relevant goals, whereas controlled motivation emanates outside the self (Deci and Ryan 2012). Autonomous motivation has been found to be positively associated with

various types of behaviour change, such as health related behaviours, and exercise and dietary behaviours (Ng et al. 2012, Silva et al. 2011, Teixeira, Patrick and Mata 2011). This has not been explored in relation to IPV men but based on the current data it is proposed that this was a key trigger for the men; they made conscious (or autonomous) choices to change. As one of the men commented:

**D4(C):** It (*decision to change*) was all from within me.

This part of the conceptual framework for desistance represents the triggers that accumulate to initiate desistance, i.e., *Catalysts for change*. These begin the process of moving towards new cycles of lifestyle behaviours. As the *Consequences of violence* build up in number and impact, individuals start to realise that their situations need change. At the very least, there is an element of self-awareness reached and the men search for help to change their behaviours, as opposed to looking for validation of their behaviours and gaining permission to be violent. This is a conscious choice, and is a liberating feeling for the men, who were escaping from their 'old ways of being'. By making this decision to change, the cognitive dissonance experienced is then reduced and removed. The desisters particularly seemed to want to emphasise that even with all the external triggers experienced (e.g., partners'/children's reactions) it was *they themselves* who decided to change and reduce dissonance through behaviour change. Offenders were empowered to make their own choices about their 'ways of being' that suggest desistance might be more likely if these decisions are made by the men themselves, and not by other people.

#### 6.5.4 The cycle of lifestyle behaviours (non-violent): 'New way of being'

This global theme represents the new cycle of lifestyle behaviours that are required to achieve non-violent or 'new ways of being'. The processes that are evident during the cycle indicate that the changes need to occur both internally and externally for the men. The prominence of both structure and agency remains

evident in this part of the model. Figure 6.4 represents diagrammatically how this global theme has been conceptualised and in doing so presents the associated organising, basic themes, and sub-themes that make up this stage of the process.

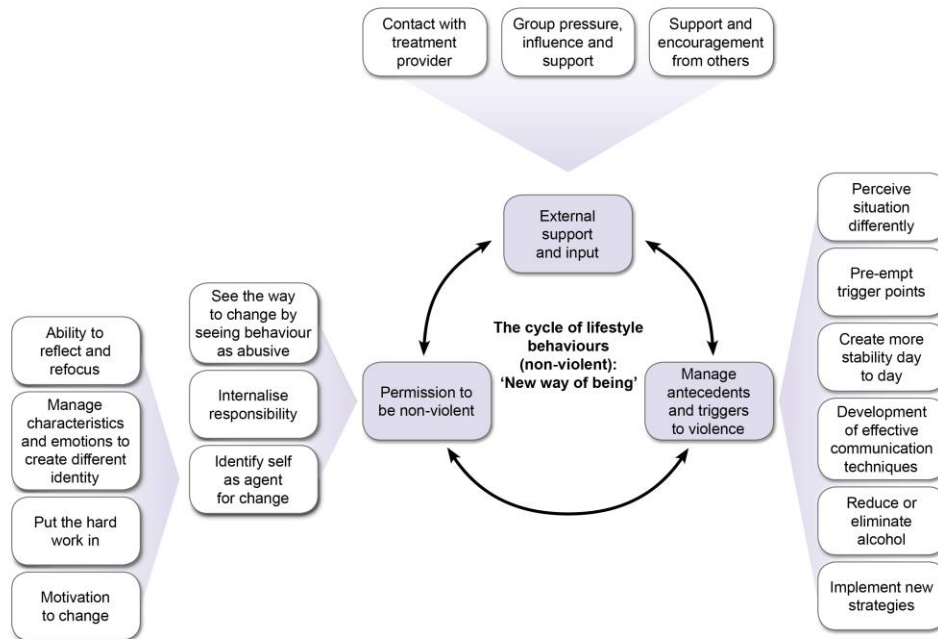


Figure 6.4 Global theme, organising themes, basic themes and sub-themes for The cycle of lifestyle behaviours (non-violent): 'New way of being'

As seen in Figure 6.4, this global theme is made up of three organising themes:

- (i) Manage antecedents and triggers to violence;
- (ii) Maintenance of behaviours argument (non-violent); and
- (iii) External support.

In this part of the conceptual framework the themes are cyclical but are bi-directional. All the themes are interlinked and all continually need to be in place in order to maintain desistance over a one year period and perhaps longer.

An integral feature that runs through this new way of being is the paradigm shift that the men experienced. According to Kuhn (1970), a paradigm shift is a radical change in underlying beliefs or theory, i.e. when one conceptual view of the

world is replaced by another. Awareness is a pre-requisite to paradigm shift, as without this the individual has little concept of what needs to be changed. In the case of IPV this prerequisite is self-awareness. Self-awareness facilitates a consideration of antecedents and consequences of behaviours (Gibbons 1983), as well as increasing the self-attribution of responsibility (Duval and Wicklund 1973). There is, naturally, far more prevalence of the themes representing this paradigm shift in the desisters' accounts than in those of the persisters. The persisters may experience some of the elements that are required in order to follow this new pathway (although none of them have experienced all of the elements), but as the persisters have all used physical violence in the last year, this has not yet become a 'new way of being' for them.

As the measure for desistance was a year free from physical violence, it is more accurate to suggest that this part of the conceptual model reflects the suspension of violence. This suspension includes three different phases: initial desistance, promoting desistance, and maintaining desistance (Göbbels, Ward and Willis 2012). The constraints of the sample used did not enable the researcher to examine successful desistance over a long period of time and to establish if a fourth phase normalcy (Göbbels, Ward and Willis 2012) is achieved. It would be at this stage where the cycle of lifestyle behaviours would simply be the 'way of being' and not a '*new* way of being,' which was what some of the men in the current sample had achieved. These new behaviours are not currently entrenched into their lifestyle of behaviours. This again supports the notion that the conceptual framework developed from the current data should be seen as a suspension phase, i.e. the initial phase (and short-term maintenance) of desistance. Each of the themes that represent this initial phase of desistance are outlined below.

#### 6.5.4.1 Organising Theme: Manage antecedents and triggers to violence

This theme is made up of both the behavioural and cognitive changes that the men need to make (persisters) or have already made (desisters) in order to prevent violence being their choice of response. This aspect is aligned to the fourth



stage in the TTM as the men are actively changing and altering their behaviours (Prochaska and DiClemente 1984). The paradigm shift observed is how the men appraise and react to the latent and acute factors that previously instigated violence. This is the antithesis of the theme *Antecedent and triggers to violence* that resulted in a violent response. In the non-violent cycle the men *manage* the risk factors that previously were associated with their uses of violence. The desisters have an understanding of how particular triggers in their lives lead to violence and so develop alternative viewpoints so violence is not triggered in future.

This organising theme is made up of six basic themes that are shown in Figure 6.4. These basic themes are six different factors, linked by the fact that they all have the same role. They represent how the men are able to respond non-violently to certain factors and in situations where previously violence would have been used.

### *Basic Themes*

#### *Perceive situation differently*

This theme was prevalent across the desisters' accounts (eight in total), yet only one of the persisters talked about the need to change how he perceived and interpreted certain situations. This was also prevalent across the facilitators' accounts (seven in total) but only found in one of the survivors accounts. Here, the essence of this theme is how the men change their appraisals of situation, or reframe their interpretations of events. This means that they do not let issues build up over a period of time or let them cause acute reactions. For example, some of the men previously perceived (in their version of events) that their partners would be unfaithful. Their perceptions changed regarding this, as they rationalised that they were interpreting their partners' behaviours wrongly and needed to accept the situations as they were.

**D3(C):** I believe what she (*wife*) tells me, you know, in that she says I'm the only guy she wants to be with and I should never have doubted that, you know, and I don't now .....if you know, she was flirting or somebody was starting with her, but I think I'm more aware that it doesn't mean anything. So I don't get, you know, so stressed about it.

Part of the process was achieving a better understanding of certain situations and realising how the interpretation of them are likely to affect reactions to them. For example:

**D9(P):** Before I'd flare up but now I just sort of think you know, why shall I shout at this person...why should I grab this person. Or what they're saying to me is something which I need to be told and it could just be some constructive criticism.

**D7(C):** I was getting a better understanding of situations and of things I would do or how things would affect me or how I would react...I was always on the defensive. And it was trying to change that behaviour that I didn't have to feel like I was always fighting somebody.

Another way that the men perceived the situations differently was by actually attempting to look at things from other people's perspectives and to not assume that their own perspectives were the only ones and / or the right ones. The ability to perspective take is a skill that is associated with conflict resolution (Galinsky, Gilin and Maddux 2011, Gehlbach 2004). Johnson's (1975:241) definition of perspective taking is "understand how a situation appears to another person and how that person is reacting cognitively and emotionally to the situation...put oneself in the place of others and recognise that other individuals may have points of view different from one's own". This summarises what the desisters felt was the cognitive change required in order to manage potential triggers. Several of the facilitators and men spoke about a need to see things from other people's 'points of view'. This was summed up by one of the men and one of the facilitators who acknowledged:

**D4(C):** I feel that I'm getting better and not thinking that I know the way and it's a matter of time before other people come round to seeing "the way" because it's not the way, it's just my way and there are other ways.

**F1(P):** I think the ones that can develop some form of perspective takings, and start seeing things from kind of other people's points of view. That really helps people to change.

Interestingly, when the persisters talked about a need to perceive things differently, it was at the conceptual stage for them and was not yet something that had been actively embraced. It was perceived as something that 'just happens' over time:

**P7(P):** I think sometimes maybe it's just people get older and look at things through a different point of view. Eventually. But it takes different times for different people.

#### *Pre-empt trigger points*

One part of the process observed was that the men, in order to manage triggers to violence, needed to pre-empt them. This was identified by about half of the desisters, but only one persister. This was also something that was seen as important by the facilitators but none of the survivors talked about this. The desisters learned to recognise early if situations were building to points that could potentially end in violence. For example:

**D1(C):** I think it's the awareness of, of how things can become, if they are not identified early. So awareness is a big thing, I think I have the tools. To not be abusive, what I lacked was the awareness of when things become abusive.

Some men simply realised what the triggers were, understood them and were able to manage them, meaning they could change how they responded.

**D7(C):** Hmm the main thing I suppose is just having a, I was getting a better understanding of situations and of things I would do or how things would affect me or how I would react.

By recognising (removing denial, minimisation, and blame) and pre-empting

the triggers (actively maintaining consonance and avoiding dissonance) the men could handle situations differently so they did not end in violence. Part of this involved managing their abusive behaviours such as manipulation and control, which they previously had not identified as being abusive.

**D3(C):** You know, I don't know, if I'm lucky I'd probably text her 2 or 3 times throughout a 12 hour day or something. Whereas before I would have text quite often....She thought I was checking up on her, you know, and you know, so yeah it is being more aware of. You know, what's acceptable and what's not acceptable.

**D13(P):** You know, kind of looking at how, how my stress turned to violence.

### *Create more stability day to day*

This theme refers to the men attempting to deal with the day-to-day stressors they had in their lives and attempting to remove or manage them more effectively. Again, this was not something evident in the facilitators' and survivors' accounts but came from the men themselves. This was seen in both the desisters' and the persisters' accounts. However, there was a subtle difference in their accounts in that the desisters seemed to be proactive in their creation of stability, whereas the persisters were more reactive, i.e. changing because circumstances forced them to (e.g., separation from partner). Nevertheless for both groups this meant that latent stressors that could lead to violence were removed from their cycles of lifestyle behaviours or that the stressors were managed with effective non-violent solutions. This was illustrated well by one of the facilitators who, on answering the question 'why do men stop using violence?' noted:

**F5(P):** Having some stability at home I think in terms of job, accommodation without having to shift from place to place.... Those who desist, having some stability in terms of a job, family that are supportive. Having some contact with the kids adds some kind of quality to it.

In a similar fashion one of the desisters explained that removing and dealing with the day-to-day stressors was a way of managing triggers to violence. He

addressed each stressor one at a time and then removed it, suggesting that removing the stressors removed the violence.

**D9(P):** One of the first things I did to change the situation was to get rid of everything that was a factor causing the problem. So I started off with the smallest the first, the housing situation.... And then I thought right, the debt. Sort out the debt situation ....My job, my job was another factor...I started a new job. So I went through all the factors and knocked them off one by one.

It is likely that having background latent stress has a significant impact on daily stress and pushes a person to his/her threshold, which results in violence; hence if the background stress is removed, the day to day to day stress has less potency. When persisting in their violence the men employed more emotional/avoidance focused strategies (Lazarus and Folkman, 1984). However, the desisters, to cope with stress, focused on the specific problems and eradicated them. As shown by the male above (D9(P)), he worked through stresses by identifying each problem and tackling it head on. This demonstrates what has been theorised as problem-focused coping (Lazarus and Folkman 1984). This is an approach that is task-orientated and individuals channel resources in order to reduce stress, which demonstrates direct efforts to resolve problems. Endler and Parker (1990) suggested that this is predictive of positive consequences, as was seen for the desisters in the current study.

#### *Development of effective communication techniques*

Here, the men replaced the inadequate communication techniques they previously used, therefore removing underlying latent issues. Improved communication has been identified as creating non-violent pathways to constructive resolutions between couples (Horwitz et al. 2009, Scott and Wolfe 2000). As one of the facilitators found, good communication was utilised instead of using violence as a means of expressing points of view.

**F2(P):** I think for him it was about being able to communicate with his partner, whereas he would get cross or sort of believe he was being passive aggressive and try and sort of bottle things up and let things ride and then of course it came back as an outburst.

The desisters, persisters and survivors alike recognised that improvements in communication were required in order to move away from violence. This included general communication, such as talking and listening skills:

**P6(P):** But it's trying to recognise that sometimes you are there to listen... sometimes it's a case of shut up \*\*\*\*(own name) , just sit back and listen.

**S7:** He was much more communicative ...he would, most of the time openly get into a dialogue.. the communication, that vastly improved, whilst he was going through group...And I mean it was amazing.

This is the polar opposite to the 'old way of being' where communication inadequacies led to violence. During that cycle the communication inadequacies, i.e., not talking or listening to partners, manifested as latent triggers to violence; or in the absence of effective communication during disagreements, violence became the choice of communication used. This is replaced in this cycle with effective communication techniques. As one desister simply explained:

**D9(P):** If either of us have got issues, we talk a lot better. Communication is amazing now.

#### *Reduce or eliminate alcohol*

This theme, as its name suggests, is simply the realisation by the men that alcohol can be a trigger to violence and a factor for them that commonly plays a role when their ways of being are violent; therefore removing or eliminating this element will encourage non-violent ways of being. This was typified by one of the desisters and one of the survivors:

**D10(C):** Well the thing is last year I stopped drinking as well..Yeah I used to go out you know

and have a few drinks and be really opinionated....and now I am much more level minded.

**S3:** But now he doesn't want the drink....He's learnt to control it [*his behaviour*] without the aid of whiskey...it's easier for him to control.

Heavy alcohol use has been proximally related to aggression through its psycho-pharmacological effects on cognitive function (Klostermann and Fals-Stewart 2006). It has been suggested that heavy drinking can lead a person to overreact to perceived provocation, misjudge social cues and reduce the saliency of cues that aggressive behavior will have negative consequences; these factors increase the risk of confrontation and violence (Reyes et al. 2011). Several of the men identified that alcohol made them more argumentative and aggressive. In their old ways of being alcohol was seen as being causally related to them using violence. By removing this trigger the desisters therefore eliminated something in their lives that commonly played a role while they were being violent. This theme was found in all four groups, although more prevalently for the desisters. The persisters who did identify that this change was required had either just stopped drinking or were in the process of battling with giving it up, for example:

**P8(C):** The biggest battle I have is with alcohol still.....And managing that is still the biggest problem....The thought processes about going to buy a bottle of wine are instant thought processes.....So I need to control those.

### *Implement new strategies*

The final theme linked to *Manage antecedents and triggers to violence* captures techniques and strategies that the men employed in order to stop using violence as a response to a sudden crisis point or acute trigger. This theme was mainly found in the men's accounts and only in one of the survivors' accounts and from only one of the facilitators. All 12 desisters gave several examples of this. There was some reference to this by the persisters, but this was more a recognition that they needed to develop and learn such techniques further. One persister noted:

**P4(C):** So right now instinct for me is to shout or it was to shout and get angry, whereas instinct needs to be think you know, think about the actions.

The common element for the desisters was that they could identify frustration rising or realise when control was being lost. This would then activate them to look for ways to change the situations and respond differently to what had been the norm, i.e. responding with violence. Training in recognising and controlling emotions has been found to be important in behaviour change for perpetrators of IPV (Pandya and Gingerich 2002, Scott and Wolfe 2000, Silvergleid and Mankowski 2006). The most widespread strategies used by the men were to think, reflect and take 'time out'. This is a common technique taught in treatment programmes (Stith, McCollum and Rosen 2011), which might explain the prevalence in the accounts from the men and facilitators. Examples included:

**D5(C):** And I'll take a lot of time, a lot of time out as in taking time out, I'll just take a lot of time to think before I open my mouth. To just sit there and think about stuff before, as I said before I was gung-ho, I'd go in, I'd hit or lash out and ask questions later and that's not the way to go through life.

**F1(P):** they start to think you know, this (*getting angry*) isn't going to help.....it would be more helpful for me to take a time out.

**D7(C):** I notice if I'm getting agitated or if I'm getting wound up or if I need to go and I mean I don't smoke or anything like that but if I need to go for a walk.

To experience new ways of being the men manage antecedents and triggers to violence and this involves several different strategies identified in the themes presented. This is something that the desisters are aware of and have proactively put in to action. The survivors and facilitators also suggested that this was an integral part of the process of desistance. This also seemed to be something that the persisters are aware of; however, they appear to be at a stage where they have not committed to a new cycle of lifestyle behaviours. This stage may be



having just, or are still contemplating whether to, proactively embrace the factors identified in this organising theme, as part of their lifestyles of behaviours.

#### 6.5.4.2 Organising Theme: Permission to be non-violent

This is similar to the corresponding theme found in the cycle when the way of being was violent (*Permission to be violent*) and it serves a similar purpose. However, on this occasion the permission is such that it encourages and justifies why the men are non-violent in their relationships, as opposed to justifying and maintaining IPV. This theme represents how the individuals have had to make radical changes in their underlying beliefs or theorising about their behaviours. A prerequisite of this paradigm shift is *awareness* that there is a problem or issue that needs to be changed. In this part of the process one conceptual view of the world needs to be replaced with another. This organising theme has three basic themes that include the different elements that were identified in the data as being required in order to activate and maintain a non-violent way of being. These three themes were, *See the way to change by seeing behaviour as abusive*, *Internalising responsibility for behaviour* and *Identify self as agent for change*.

##### *Basic Themes*

##### *See the way to change by seeing behaviour as abusive*

This theme represents a key paradigm shift that the men make in order to start and remain on new cycles of lifestyle behaviours. One of the old behaviours that enabled the men to maintain their violence was to convince themselves that their behaviours were *not* violent or abusive. In their old ways of being the men normalised their behaviours and therefore rationalised that they were not actually violent. This then created situations that did not need changing. The paradigm shift that is seen in this theme is awareness that the behaviours were and are abusive and this then initiates decisions that this can be changed and will be changed. Such awareness increases the self-attribution of responsibility (Duval and

Wicklund 1973). This was identified by a couple of the survivors and as one of them simply explained:

**S3:** He realised how he was behaving, whereas before he didn't...and knew what he had to change.

This theme is one that the majority of the desisters and facilitators draw attention to, but only one of the persisters identified it. One of the facilitators explained the actions and process that needed to be in place:

**F2(P):** To refrain from reoffending or being abusive again, so being able to recognise that the behaviour that they would go on to commit would be abusive, but being able to put a stop in place and restricting themselves or resisting themselves from going on and taking that action.

The desisters speak extensively about this and many of them talked about the fact that part of the process is having an 'awareness,' 'acknowledgement,' 'recognition,' and / or an 'admission' that the behaviours are abusive and violent. One of the desisters explained:

**D2(C):** I absolutely, well admit and recognise, well no, recognise then admitted. So coming to a group is admission right, it's acknowledgement ... I think the moment of recognition is crucial.

An element of this theme was that part of this process of recognition is understanding and identifying the array of different behaviours that are abusive and how these behaviours could accumulate in violence. This recognition was generally stimulated by the men attending treatment, as is seen in the following excerpt:

**D11(P):** But then when I was on the programme and I started to listen to some of things that are also classed as abuse. It was like Jesus Christ there's a whole list of stuff here... It may not be the physical violence. But all the aspects of it could lead to physical violence.

An important part of this theme for the desisters is that they need to not only recognise that their behaviours are abusive, but realise that they can also do something to avoid such behaviours in future. In their old ways of being the men did not recognise that their behaviours are abusive or wrong so they created them as normal and therefore not needing change. The opposite is therefore true in their new ways of being, and as one of the men identified:

**D8(C):** I didn't even see it as wrong I guess. So it's a recognition that it's wrong. Massively. There's this recognition of, not only is it wrong, but I've now found a way of being able to control it.

The findings in the current study perhaps reflect those of Chamberland et al. (2007) who found men who were violent free for a year, all of whom had completed treatment, were able to recognise abusive behaviours better than the men who were yet to start treatment. It therefore seems that recognition of the violent and abusive nature of their behaviours is an important stimulus for change. This was also the case for the one persister, who having just started treatment recognised that his behaviour was abusive, which simply was a:

**P8(C):** Realisation that makes me want to change.

### *Internalise responsibility*

This theme was clear from the desisters', facilitators' and survivors' accounts, but not from the persisters, who evidenced no internalising of responsibility for their behaviours. This theme captures how the men not only acknowledged that their behaviours were abusive, but also took responsibility, accountability, and ownership for their violence. This differentiates this from the previous theme, with the movement from recognising and acknowledging their behaviours as abusive to taking responsibility for them. This may be a crucial part of process of change, particularly as this theme was not evident for the persisters, which suggests that this process is on a continuum from recognition to responsibility. The desisters seem to progress further along this continuum and therefore take ownership for

their behaviours and actions. It suggests that offenders may not truly desist unless they internalise responsibility, as this transforms recognition and foresight in to action, i.e. taking behavioural steps towards desistance. When their cycles of lifestyle behaviours were violent, in order to justify the use of violence the men looked to place blame externally. However, when attempting new ways of being that are non-violent, the men look internally and become accountable for their own behaviours and actions (which they have the abilities to change). This again involves a paradigm shift, as a realisation is required that the focus needs to be completely on the self:

**D4(C):** I need to be accountable to the world....for my behaviour. I believe in accountability.

**D4(C):** For my behaviour, I have to be entirely responsible for my behaviour and my responses were inappropriate.

In taking responsibility another part of the paradigm shift was that the men also needed to make sure that responsibility was taken away from others, usually their partners.

**D9(P):** There was always that niggling thought why, this is your (*his partner*) fault I'm doing this and then it was just trying to retrain my brain into thinking you know, it's not her fault , you're the person that's done it.

This theme is summed up well by one of the facilitators who noted she believed that she could really see that offenders were changing their behaviours to non-violent when:

**F7(P):** The justification and the minimisation stops and actually they are taking accountability.

The findings in this theme have been previously acknowledged in other studies (e.g., Catlett, Toews and Walilko 2010, Scott and Wolfe 2000, Semiatin, Murphy and Elliott 2012) where it is suggested that taking responsibility for past violence

and abuse is important in behaviour change. It has been proposed that those who display a great deal of honesty about and responsibility for their abuse tend to be the most successful in changing their abusive behaviours (Scott and Wolfe 2000). This was certainly echoed in the current study.

### *Identify self as agent for change*

This basic theme is represented by four sub-themes that illustrate how the men assign certain characteristics and behaviours to themselves that enable them to take on identities of individuals who have stopped using violence against their partners. The men look to the self (i.e. internally) and attribute themselves with characteristics, behaviours, and beliefs that are aligned with individuals who are non-violent. This theme links to active management of propensity and gives an insight into individual propensity to be violent. There was, however, no evidence that the men had taken on completely new identities as non-offenders (as found by others, e.g., Maruna 2001), although this finding is associated with long-term desistance. However, the men did change *aspects* of their identities, as they attempted to maintain violence free relationships. This may well relate to the fact that the conceptual model represents a 'new' way of being and suspension of behaviour and that a completely new identity may only evolve in the long-term. There is evidence that self-identity is important in the desistance process and that individuals make changes to their personal identities and self-narratives, and this results in new, improved selves that no longer cognitively or emotionally align with offending (Farrall 2002, Giordano, Cernkovich and Rudolph 2002, Maruna 2001, Vaughan 2007). Giordano, Cernkovich and Rudolph (2002:1001) suggested that offenders create new identities that are 'fundamentally incompatible with continued deviation'. This is an active process and not something that 'just happens'. At this stage of the process the characteristics and behaviours required are not second nature meaning that the men have to continually think about the situations they are in and how they need to respond. The men are agents in the process and this is their 'new' way of being. This enables them to stop using violence in their relationships because they can explain and rationalise what it is about them and

their make-ups that now means their cycle of lifestyle behaviours have become non-violent.

The four sub-themes that are all associated with this basic theme are, *Ability to reflect and re-focus*, *Manage characteristics and emotions to create different identity*, *Put the hard work in*, and *Motivation to change*. In the current study the men assigned themselves with characteristics (seen in the basic themes) incompatible with individuals who engage in IPV. This was observed in the men's explanatory style (Peterson, Buchanan and Seligman 1995), which has been linked to desistance, in the general offending literature (Maruna 2004). In their old ways of being, negative-internal attributions (characteristics and behaviours) were associated with persistence in offending, i.e., the men were unable to desist as negative events were associated with their internal characteristics – 'this is the way I am' (*Identify self as agent of abuse*). The men therefore construct this explanation for their use of violence and such explanations have been associated with continuing an action over time (Braithwaite and Braithwaite 2001). However, in the new ways of being the men attribute *not* being violent to internal attributes (e.g., *Identify self as agent for change*), and they execute processes of positive-internal attributions. Maruna (2004) has suggested that processing biases that encompass positive-internal attributions seem to be most supportive of desistance from offending.

### *Sub-Themes*

#### *Ability to reflect and refocus*

The essence of this sub-theme is that the men need to adopt the characteristics of being reflective and in doing so can refocus their responses and behaviours accordingly. The process involves self-monitoring of behaviours, thoughts and actions. The majority of the desisters and facilitators, but only one of the persisters and no survivors, identified this sub-theme as being important. Part of the process for many of the desisters was to reflect about past behaviours and/or some of the issues raised in treatment. This was an active process that the men had to do in order to adopt new ways of being non-violent. One of the men

summarises this process:

**D5(C):** Every time I'm in a class I take half an hour and then I reflect. I'll get home tonight and I'll sit in the chair and I'll just think about stuff.....And you want to change. You've got to think about stuff. If you don't think then you're not going to change.

The ability to do this was identified as being something new to the men. There seemed to be shifts for them from reacting without thinking, to thinking first, then planning the reactions.

**D11(P):** I'm a methodical thinker more than anything now because any situation I'm in now it's take it in, analyse it and think about what you are going to do, is it right, is it wrong and then say what you need to say in the right manner, the right tone.

The facilitators identified this need to reflect and refocus. Several of them suggested that reflecting on an ongoing basis about their new behaviours and the fact that such behaviours were effective, encouraged the men to remain violence free. One facilitator explained how important reflection was, but so too was the refocus that followed, as this dictated the pathways that the men would then take:

**F8(P):** I think also they leave the session and come back and clearly you can tell they have been thinking... yeah and I think it feels that can go either one or two ways It can either go to the point where I think I need to look at myself and change because I want my future different. Or I think they find it so distasteful they become defensive again.

### *Manage characteristics and emotions to create different identity*

This theme was found in the majority of desisters' and facilitators' accounts, but only two of the persisters and one survivor referred to this. The key element of this theme is that this refers to *managing* pre-existing characteristics and emotions (or propensity). The men need to manage their propensities, which are dynamic, so that they do not go over the threshold that then leads to violence. Although this leads to different identities, there still needs to be acknowledgment that these

characteristics remain underlying features of who the men are, and therefore there is always the possibility this could lead to violence again.

**D8(C):** I think it's (*violent characteristic*) always going to be in me..it's how you decide to live with it. I think if I don't manage myself and my situation, like if I let things get on top of me, or if I get down or depressed there is the potential to be violent.

The men become agents for change, as opposed to individuals who previously had seen their characteristics as being part of the ways they were and as something they could not control. This, therefore, became a self-fulfilling prophecy. The difference is that by managing the characteristics the self-fulfilling prophecies can now be those of non-violent individuals.

**D8(C):** Because my short temper, my insecurities, my lack of emotional control is still there....Now better control of my emotions is the big difference...I can't change what I am but I can manage what I am.

Across all the groups there was talk about the need to manage certain traits and characteristics (e.g., aggressive, angry, defensive, and opinionated). This links to managing propensities, particularly self-control which is associated with some of the characteristics that the men identified they needed to manage. Some researchers have proposed that self-control is not *absolutely stable* within a person (Hay and Forrest 2006, Mitchell and MacKenzie 2006, Winfree et al. 2006) and fluctuates over time in response to individual experiences (Muraven, Baumeister and Tice 1999, vanDellen and Hoyle 2010). Based on this, self-control can be depleted due to stresses or burdens (old way of being) but can also be renewed as individuals' personal circumstances change (new way of being). Numerous interviewees discussed managing their characteristics and highlight that these were choices they made meaning they have become 'calmer', 'more relaxed', 'laid back', 'mellowed' and level 'minded'. For example:



**D5(C):** it's about your own choices and your own behaviour. I'm calm, placid, normal...They would describe me as a growler, I would get angry and grrr and growl at them...now I don't growl no more I'm very calm.

**D1(C):** Before I think I was defensive, aggressive at times, up tight edgy frustrated, whereas now I'm calmer, wiser mature, understanding.

**S3:** He's a lot calmer now than he used to be. He is a lot calmer.

### *Put the hard work in*

Part of being an agent of change and being proactive about this meant that each individual had to have the disposition of someone who was prepared to continually work at the process of change. This is represented in this theme and was widespread across the desisters' and facilitators' accounts. Only one persister talked about this and three of the survivors saw this as important in the process of desistance. By *Putting the hard work in*, the men assign themselves positive characteristics that are associated with abilities of being non-violent. However, this is not a passive process as men have to be proactive throughout. Part of the hard work that was identified by the desisters was cognitive, which was also a self-monitoring process and meant constantly remembering, thinking and processing information:

**D8(C):** And the reason why I have to work quite hard at it is because I am what I am and I know what's inside me hasn't gone away.....And it does mean it's quite hard work in this head of mine because there's an awful lot of stuff being processed....I don't under estimate how much work I have to do.

Hard work is required because the men have to change several elements about themselves in order to follow cycles of lifestyle behaviours that are non-violent. This was reflected in one of the facilitator's views:

**F7(P):** It's really hard work to change. Change of any sort is hard isn't it but its hard from a cognitive point of view... this is who they are, this is their makeup, this is about you asking

them to change everything about themselves, their values, their beliefs, the way they handle things and the way they think about themselves.

The hard work also comes from the fact that this is a long-term investment that the men have to make and potentially something they will have to work at for the rest of their lives. This was what the only one persister who contributed to this theme identified and this was also an observation made by several facilitators. One facilitator summarised:

**F4(C):** Don't become complacent, you've still got to work, this is a journey....This is a journey that you are going to be continuing on for the rest of your life.

Research has clearly shown that change is hard, it is long and slow and there are often false starts and incidents of going backwards along the way (Blissmer et al. 2010, Hall and Rossi 2008, Prochaska 1994). It has been suggested that through hard work and with support, people can learn new skills, remove bad habits and moderate their interpersonal behaviours (Koestner et al. 2006, Stadler, Oettingen and Gollwitzer 2009, Webb and Sheeran 2006). This was evident from the accounts in the current study.

### *Motivation to change*

This last sub-theme that relates to the basic theme *Identifying self as agent of change*, is the finding that the men need to be motivated as individuals in order to achieve and maintain their non-violent ways of being. This is a dynamic state, and consists of the desires and willingness of the men to change. In order to maintain a non-violent cycle of lifestyle behaviours, each man has to genuinely want to put the effort in and have an incentive to do this, e.g., a better relationship or access to children. For example:

**D6(C):** I mean I'm doing it (*treatment*) I mean I have had to fight to see my daughter you know and that is why I am doing it.

Similarly, Stanley, Graham-Kevan and Borthwick (2012) found that desire to regain access to children was an extrinsic form of motivation to change for perpetrators of IPV, and desire to become 'better fathers' functioned as a form of intrinsic motivation to change. All of the facilitators talk extensively about the requirement of motivation but this concept is less widespread in the other accounts (and not found at all from the persisters). What the desisters and survivors do refer to is that men who use IPV need to or have to really want and desire to change.

**D12(P):** I am changing but I want to, change is not good enough. I want to actually be different.

**D9(P):** You've got to want it (*to be violence free*). You've got to want to do it. Mine has just been sheer determination.

**S5:** He's got to want to change..he's got to want to do it.

The importance of motivation is very apparent in all of the facilitators' accounts. Here there is a general consensus that each man needs to be 'motivated' to change and have a 'willingness' 'desire' and 'openness' to change. This is consistent with the findings that treatment is more beneficial for those who are motivated as opposed to those who are not (Bowen and Gilchrist 2006, Kistenmacher and Weiss 2009), and that motivation improves during and after treatment (Connors, Mills and Gray 2012). By being motivated, the men can follow different pathways, i.e., non-violent ones. One of the facilitators succinctly summed up the general feeling that:

**F8(P):** There has to be a motivation,... unless there's a real motivation to change .. If it's not there, no I don't think things will change.....it's about acceptance of what they have done, I think a motivation to want to be different, I think it is also a belief that it can be different.

Motivation may therefore be about whether the men are ready to receive intervention (Prochaska and DiClemente 1984) or their *readiness to change* their abusive behaviours. According to the TTM of behaviour change (Prochaska 1979)

not all individuals are uniformly ready to change at the outset of treatment. Some may struggle with potential distal benefits of changing (e.g., having more stable relationships), versus the proximal costs that come with such changes, e.g., attitudes and beliefs about relationship (Eckhardt and Utschig 2007). The desisters in the current study exhibited more readiness to change than the persisters.

The organising theme *Permission to be non-violent* (and its associated basic themes and sub-themes) encapsulates how the men create different personas and embrace behaviours that are associated with being non-violent. It is clear in this theme how important agency is in the desistance process. Through self-awareness the men take responsibility and ownership for their abuse and see themselves as, and become agents for change. When the men are agents of violence they look externally to blame their partners *and* internally to justify their violence. However, in their new ways of being, the men recognise their behaviours are wrong, take responsibility and are accountable for them, and crucially do some things about it; the men therefore become agents for change and non-violent.

#### 6.5.4.3 Organising Theme: External support and input

This final organising theme that forms another part of the cycle of lifestyle behaviours (non-violent) acknowledges the need and requirement of external support networks as an integral part of the desistance process. While the men have to look internally to acknowledge and change their behaviours, this needs to be supported by partners, families and treatment providers. External support seems to offer both guidance on what needs to change and how this can be achieved. External support also appears to be crucial in helping the men to sustain their new ways of being, which enables the men to continue on cycles of lifestyle of behaviours that are non-violent and not return to the lifestyle cycles that were violent.

This organising theme is made up of three basic themes, *Contact with treatment provider*, *Group pressure, influence and support*, and *Support and encouragement from others*.

## *Basic Themes*

### *Contact with treatment provider*

This theme comes with the observation that its existence is likely to be in part an artifact of the recruitment process of the sample used in the data (i.e., through treatment programmes). All the desisters were willing volunteers who had completed treatment and so the sample did not include those who had not been to treatment or had dropped-out. However, the current data were not used to evaluate treatment, but explore if those who had attended treatment felt it was a significant feature in the process of desistance and why. There was no clear pattern within the desisters or persisters if prior to treatment they had decided to change, or if the need to change was realised during treatment. Treatment was acknowledged throughout all of the four groups as being an important element that was needed to assist them on their non-violent pathways. This finding has been previously identified in IPV men (e.g., Daniels and Murphy 1997, Gondolf and Hanneken 1987, Silvergleid and Mankowski 2006) as treatment is particularly influential at encouraging the men to recognise what is abuse and encouraging them to move away from denial and blame towards responsibility and action. Although the men realise they want to change, treatment gives them the skills to help them to do this. This is seen in the following account:

**D4(C):** I go there (*treatment*) without compulsion, I go there because I want to go there and because I had to go there because I was scared of myself and I needed help to get it sorted out.

One of the survivors clearly identified how important she felt treatment was, particularly for changing behaviours that had been happening for 31 years.

**S7:** I mean I think the programme has been brilliant...he could not have done it without this support.

The persisters see treatment as something that they know they need to do and for many have had to do (be this through being mandated or pressure from partner

and social services). They talk about *why* they came to treatment and not how it will help, and so it is not clear at this stage which pathway they will continue on. One of the men reported:

**P6(P):** I had to go to IDAP because that's what the court said, you've got to do it.

The desisters also talked about why they came to treatment but also how it has helped. One of the desisters commented:

**D5(C):** My whole outlook on relationships changed, the whole outlook Hmm and I think going to this group at the Hampton Trust has changed me big time it really has, just the whole outlook on life really.

However, the main concept that the desisters (and facilitators) raise in this theme, is the longevity of treatment and the need and benefit of being able to have continued contact with treatment providers. This is where they differ from the persisters who look at treatment as only relevant in the short-term. This is demonstrated well by one male who had attended a previous treatment programme and had then reoffended but who had successfully completed a second programme and had not used violence for well over a year since the completion of the second programme.

**D7(C):** Hmm just kind of keeping my support open. Like I come into the follow on groups, ringing \*\*\*\* [Facilitator] whenever I feel I need to, which that's my biggest mistake last time, I completed course and I thought yeah everything's absolutely fine and I don't need to speak to anyone...But this time, it's just keeping that support network open I suppose.

Continued contact with treatment providers was an important external influence that enabled the men to maintain their new ways of being (non-violent). As one of the desisters simply said about long-term follow-up support:

**D10(C):** It's like a safety net.

### *Group pressure, influence and support*

This theme is closely linked to the previous theme but was picked out as a discrete theme because it was a recurrent specific element of treatment that was identified as being important in starting and keeping the men on non-violent cycles of lifestyle behaviours. This theme was found mostly in the facilitators' accounts, although it was acknowledged by a small proportion of the desisters (four), persisters (one) and survivors (one). The influence of the group was found to be a particularly strong support system. This finding has also been reported by other researchers (Daniels and Murphy 1997, Sheehan, Thakor and Stewart 2012, Silvergleid and Mankowski 2006) who have found that relationships with other men in treatment groups facilitated behavioural change particularly through positive feedback that reinforced and shaped behaviour change, and through manifesting the feelings in the men that they were not alone in this. Another aspect of this theme was the identification that being challenged by your peers appeared to have a lot of impact on the men, more so than if challenge came from other people (e.g., facilitators and partners). One of the facilitators talked extensively about group pressure, for example:

**F4(C):** One or two people that attend the group that have had their arms twisted behind their backs by Social Services.....the volunteers will drag the other men up to their level. No you've got to change your behaviour, that's why you're here. So the power comes from within the group. And its peer pressure as opposed to facilitator pressure.

An element of this theme is that it serves unique purposes for the men at different points in their pathways to non-violence. The group initially is influential as it challenges men, so that they can see their behaviours are wrong and they then start to understand what they need to change as they start the process of desistance. However as time goes on this changes as the men then become the ones who are challenging others. This is a reflection that they have grasped what was needed to change and why. What was particularly seen in the desisters' and facilitators' accounts was that the men saw 'new' offenders coming in the group

and realised that was how they used to be and how they were different now. This external factor acted as reinforcement for the men to remain violence free. This was summarised really well by one of the desisters:

**D10(C):** We had new people starting. They were sort of in denial, and it's like yeah I was like that 8 months go or whatever. And then you could tell them you're thinking exactly what I was thinking months ago and it's not the right way to think....it was that that reinforce that I've changed and I knew what, how I should be behaving and that also I could see me in them.

Group influence was therefore important in facilitating a paradigm change and this was seen by how the men changed their identities within the group. To start with the men saw the group members as the 'others' (Hudson and Bramhall 2005, Murray 2010); this is the suggestion that they were not like the offenders on the course and so would try and distance themselves from them. However as they were challenged by the men and heard the accounts from these 'others' this initiated recognition of their abuse and acknowledgement they are in fact the same as the others on the group. Their roles and identities therefore changed as they become the 'others' and therefore challenger and not the ones being challenged. This change in role was not seen in the persisters' reports as they were still at the early stages of treatment and therefore had not made the transitional change at that point in time.

#### *Support and encouragement from others*

This theme relates to another external influence that enables the men to maintain violence free ways of being. This theme was identified from the desisters' and facilitators' accounts but was not seen in the persisters' and survivors' accounts. This external influence comes in the form of positive encouragement / feedback from others, namely their partners. Positive feedback increases motivation to pursue goals, and encourages goal persistence and may prevent disengagement (Fishbach and Finkelstein 2012). Positive feedback was a support mechanism that encouraged the men to maintain being violence free, once the decision to stop had been made and they had started using new behaviours in



their relationships. This encouragement acts to reinforce that the new behaviours are positive changes as the men are rewarded for their modified behaviours and their new ways of being. One of the facilitators explained this part of the process:

**F3(P):** When they are getting that positive feedback, and when you know... we do tell them, if you start behaving respectfully and loving to your partner, she will do the same to you..., if they get that reward so to speak... that reinforces the behaviour and then you are on a road to you know, desistance. They need the support of their partner.

Several of the desisters explained about the importance of external support and this included extended family and friends. However it was their partners' support that was the most important, particularly their encouragement. This seemed to confirm to the men that they were doing the right things, were on the right pathways, and importantly motivated the men to continue these ways.

**D9(P):** And the more and more I got praised in IDAP and more and more hearing good things from \*\*\*\* (*partner*).....it meant enough to me to sort give me that motivation to keep going.

This final organising theme gives an insight in to the external support networks that were identified as being important mechanisms during the process of desistance. This factor runs alongside the two other organising themes that have been presented, and all three make up this cycle of lifestyle behaviours (non-violent). Once at this stage of the process the men have recognised their behaviours are abusive and taken responsibility for their violence. They look to identify themselves as agents of change and put strategies in place, and adopt mindsets to stop using physical violence against intimates. External support is also required to assist this process and help with the maintenance of violence-free lives. Based on the current data, this has been achieved for at least a year and so still remains a '*new way of being*'. What still needs to be seen is if the men can continue on this cycle in the long-term until it becomes '*normalcy*.' Researchers have suggested that after seven (Kurlychek, Bushway and Brame 2012) or 10 years (Soothill, Fitzpatrick and Francis 2009) ex-offenders and non-offenders are

not distinguishable regarding their risk for future offending. However for those with extensive histories it has been suggested that it can take 20 years for individuals to be seen as 'redeemed' and exhibit the same risk of offending as non-offenders (Bushway, Nieuwbeerta and Blokland 2011). That is not to say there is a cut off point for successful desistance, more to indicate the long-term desistance (or normalcy) requires active effort and maintenance over several years, even decades.

## 6.6 Summary

The conceptual model developed shows that desistance from IPV is a process that involves hard work and commitment from the men as well as active roles from them throughout. It is not a linear process where the men use violence, experience a trigger to change and then are non-violent. It is a dynamic process and at any point the men can change their pathways in either direction. The men move back and forth through the cycle of lifestyle behaviours (violent), the catalysts for change and the cycle of lifestyle behaviours (non-violent). The difference is that the desisters have maintained the non-violent pathway for at least a year and the persisters have not. At this stage there is no guarantee that the desisters can maintain their new ways of being. Likewise it is possible that the persisters may over time be able to be in the position that the desisters currently occupy. It is clear, however, that to reach the stage of desistance where violence has been suspended for a year, the men need to experience a paradigm shift that involves fundamental changes in their values, beliefs and behaviours. It is both structure and agency that are involved in the process and the men need to be active participants in order to successfully stop using violence against their intimates and achieve new ways of being. The ultimate aim for the men needs to be progressing to the point that being non-violent against intimates is, simply, their ways of being.

## 7.0 Chapter 7: General discussion

### 7.1 Aims

This final chapter will start by readdressing the thesis aims and summarising how the research questions developed meet these aims. This subsequent aim is then to triangulate the qualitative and quantitative results presented in Chapters 5 and 6 and synthesise the reported findings. The empirical investigation that was completed examined if individual factors (personality and clinical syndromes) differed between desisters and persisters, whereas the qualitative analysis focused on the process of change that men experience in order to achieve desistance from IPV. It is in this final chapter these findings will be explored in tandem in order to examine where the characteristics observed of those who desist and persist in violence (Chapter 5) integrate with the conceptual model of desistance that was developed and presented in Chapter 6. The implications of these findings in relation to treatment and future research will also be discussed.

### 7.2 Summary of results

Existing theory and research on offender desistance seems to have a notable absence of psychological and social accounts of the whole desistance process (Göbbels, Ward and Willis 2012). This is particularly the case for IPV. Consequently, the studies presented here address this omission and so make a unique contribution to knowledge. The aims stated (and achieved) for the research were to explore the role that individual, social / environmental factors and subjective change (personal agency) play in the process of desistance from male perpetrated IPV, and to develop and examine a multifactorial theory of desistance from male perpetrated IPV. Four key research questions were identified as being central to achieving these aims, and these were:

- (i) What are the criminological and psychological factors associated with the process of desistance from violent offending behaviours in comparison to desistance from general offending?

- (ii) What are the factors pertinent specifically to the process of desistance from IPV?
- (iii) Are there individual factors (personality and clinical syndromes) that differ between men who desist from IPV and men who persist in IPV?
- (iv) What is the process of change that men experience in order to achieve desistance from IPV?

A critical literature review was undertaken to address the first research question, what are the criminological and psychological factors associated with the process of desistance from violent offending behaviours in comparison to desistance from general offending? The findings from this review were mixed and it was concluded that this was an area of research that has been neglected. This was particularly so in comparison to the general offending literature where some of the concepts identified, e.g., the role of propensity and subjective change, have not been explored in relation to violence. It was apparent from the review that a psychological approach to desistance is also required alongside the models developed in the criminological literature, in order to create a multifactorial theory of desistance. The psychological approach taken should be one that particularly examines not only the risk factors that prevent desistance but more importantly the protective factors that if present can enable desistance from violence and potentially desistance from IPV also.

A second literature review was completed in order to answer the next research question, what are the factors pertinent specifically to the process of desistance from IPV? Similar to the review on desistance from violence, it was observed that in order to develop a sound multifactorial theory of desistance a psychological approach (particularly the role of different individual personality characteristics and the role of protective factors) also need to be considered. Although no single theory was identified that explains desistance from IPV, based on empirical studies, it was found that severity and frequency of IPV violence was related to desistance and typology research indicated that personality characteristics may distinguish desisters from persisters. In addition, the nature of

the dyad within which IPV takes place was found to be pertinent specifically to the process of desistance from IPV.

An empirical investigation was undertaken to address the third research question, are there individual factors (personality and clinical syndromes) that differ between men who desist from IPV and men who persist in IPV? The psychological characteristics of desisters and persisters and non-offending controls were examined and compared. These analyses confirmed not only that personality pathology is related to those who use violence in relationships, but also more importantly offered new insight that personality pathology is also related to desistance and persistence from IPV. A comparison of the pathology of the groups suggested that the desisters and controls shared more characteristics than the controls and persisters and the desisters and persisters. Although in this research the aim was not to validate typology research the findings did suggest that the desisters reflect the FO group (although some were more like LLA group) and that persisters were aligned to DB, a group that are generally psychologically distressed (Holtzworth-Munroe et al. 2000). Overall, interpretation of the MCMI-III profiles of individuals who have used IPV against an intimate suggests that these individuals are a heterogeneous group and that no single profile exists. Using profiling, three levels of personality pathology were identified: severe, moderate, and low personality dysfunction, where evidence of Axis I and II disorders were found as well as personality disorders such as antisocial and narcissistic. However more persisters than desisters were associated with the severe personality dysfunction, but more desisters than persisters were associated with the low personality dysfunction. These findings give a valuable insight into the role of individual factors (personality and clinical syndromes) in the desistance process and as such offer an important and valuable source of information for the development of effective and successful programmes.

Finally, a qualitative analysis was completed in order to address the fourth research question, what is the process of change that men experience in order to achieve desistance from IPV? Specifically, it was asked: (i) What are the triggers, transitions and processes that are evident for those that have successfully

desisted from IPV?; (ii) How do these transitions and processes differ for desisters and persisters?; (iii) How do internal and external factors promote or hinder desistance from IPV?; and (iv) What are the factors most related to maintaining violence free relationships? In order to answer these questions, a qualitative analysis of accounts from desisters, persisters, facilitators and survivors was performed. From these data a new conceptual model was developed that encapsulates the psychological and social processes that individuals experience, as they persist in violence against intimates, when they desist or suspend these behaviours, and the as they encounter the triggers and transitions that initiate the movement from persistence to desistance of IPV. Desistance was not a linear process but a dynamic one that the men had to take an active role in, and one that involved hard work and commitment. The men need to experience a fundamental change in their values and beliefs in order to stop using violence against intimates. This qualitative study provides a detailed account of psychological and social factors that need careful consideration when attempting to rehabilitate those who use violence against intimates.

### 7.3 Synthesis of results: An integrated model

The triangulation of the results from both of the studies in the current thesis is another step in examining psychological and social accounts of desistance from IPV. This includes from when the offender decides to stop using violence against an intimate up to a year of successfully remaining violence free. The results of both studies clearly indicate that the path from persistence to desistance is not a straightforward linear journey that is shared by all IPV offenders. The pattern found indicates that desistance from IPV is a complex dynamic process, as seen in the general offending literature (e.g., Laub, Nagin and Sampson 1998, Maruna 2001, Maruna and Roy 2007). Each man experienced three key phases, a cycle where his lifestyle of behaviours led to violence, another cycle that followed this, when his lifestyle changed and his behaviours became non-violent, and a transition phase that linked the two cycles. This involved a complex relationship between structure and agency throughout the phases to enable the men to suspend their use of

physical violence against their intimates for one year. However, to add further complexity, the experiences of the men within each phase were influenced by individual characteristics and personality pathology observed in the sample (discussed in Chapter 5).

Some consistency in the process was seen for the desisters, who all experienced the overarching concepts that made up the conceptual model (i.e., the global themes and organising themes; as presented in Chapter 6, Figure 6.1 page 151). All desisters experienced elements of the organising themes that represented the cycle of lifestyle behaviours (violent), the catalysts for change that bridged the two cycles (i.e., the global themes) and the cycle of lifestyle behaviours (non-violent). However, whilst there was some consistency found in relation to these overarching concepts, it needs to be explicitly understood that the underlying mechanisms that represented these concepts (i.e., the basic themes and sub-themes) were very different for each individual. For example, the amount, type, and order in which some of the elements were experienced as well as the length, frequency, and intensity of them was idiosyncratic. None of the men followed a simple linear path of persistence, experiencing triggers then desistance. At times several of the processes were overlapping and concurrent.

While the findings outlined in Chapter 6 enabled a clearer understanding of the process of desistance, those discussed in Chapter 5 offered an insight in to the relevance of individual characteristics in relation to desistance. As identified, characteristics and traits differ from individual to individual, as does the process of desistance. Due to the concurrent nature of the qualitative and quantitative research, and in the absence of the marrying up of the individual MCMI-III profiles and account of cycles of lifestyle behaviours (because questionnaires were all anonymous and not completed alongside the interviews), it is difficult to map precisely where the MCMI-III data are most significant in the desistance process. However, the qualitative data do offer some insight into some of the links between the MCMI-III findings and the process of desistance. From some of the accounts given, it seems that personality pathology (which is associated with emotional distress and / or impairment in social functioning) increased the likelihood that

triggers to violence would be realised. In addition personality pathology was used by the men to explain their individual identities (e.g., aggressive, angry, jealous) and this enabled the men to remain violent. Reference to personality pathology was notably absent in the accounts of the desisters, when violence was no longer a feature in the relationships (and may explain the differences in scores on the MCMI-III between desisters and persisters) and the focus instead was placed by desisters on positive and healthy aspects of personality. It was not clear from the qualitative or quantitative data how personality characteristics featured during the transition period from violence to non-violence.

Based on the qualitative data and the quantitative findings Figure 7.1 indicates how some characteristics might be integrated in the conceptual model.

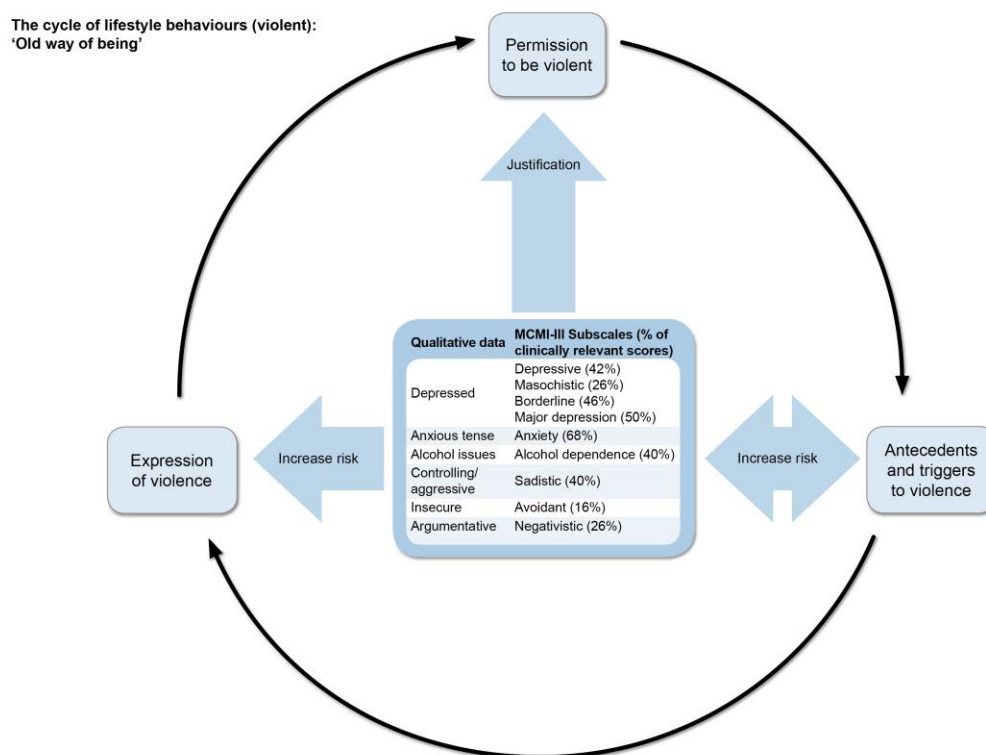


Figure 7.1 The cycle of lifestyle behaviours (violent): 'Old way of being' and personality characteristics (based on MCMI-III) associated with the use of violence

Figure 7.1 shows some of the characteristics that the interviewees discussed that they felt were associated with their use of violence – these



characteristics seemed to increase the risk of responding violently to the triggers to violence. The MCMI-III subscales (and the percentages of clinically relevant scores found in the persister group) that represent some of the characteristics and traits discussed have been added alongside. These characteristics almost have a moderating effect (and an active role) on the relationships between triggers to violence and the outcomes of violence, and a mediating effect (a passive role) between the use of violence and permission to be violent (i.e., justification for violence). The symptoms and behaviours experienced as a result of different personality pathology will manifest in different ways for each of the men, either affecting how they respond (or are reactive) in certain situations or shaping how they act (or are proactive) at other times. For example 68% of the persisters (compared to 32% of the desisters and 14% of the controls) had clinically relevant scores on the anxiety subscale (characterised as anxious, apprehensive, edgy and jittery) indicating that they are less likely to cope with the day-to-day stressors meaning acute triggers to violence are more likely to develop. Two-fifths (40%) of the persisters had clinically relevant scores for alcohol dependence and across numerous of the accounts alcohol abuse was identified as a trigger to violence. A quarter (26%) of the persisters had clinically relevant scores for negativistic personality styles (argumentative, petulant, lack of anger control, aggressive) and in the qualitative accounts the men explained how in certain contexts they lacked self-control and abilities to control and manage aggression and anger. For others, these personality characteristics and traits were seen as being part of who they were – jealous, aggressive, insecure, and this therefore provided justification or rationalisations for continuing to use violence. The qualitative data would seem to indicate that personality pathology served two purposes: (i) increased the risk of violence; and, (ii) enabled post hoc justifications for the violent behaviours. This suggests that situational and individual factors need to be considered in tandem for a comprehensive overview of the processes being experienced.

During the cycle of lifestyle behaviours (non-violent), the specific processes that the men experienced happened at different points but appeared to be more attainable in the absence of personality pathology, as the men constructed and

created their own personalised pathways to desistance. In the accounts from which the conceptual model was developed, the desisters talked about no longer being insecure, depressed or jealous, but instead relaxed, less aggressive, self-controlled, calm and placid. This is perhaps represented by some of the differences found in the MCMI-III scores between the desisters and persisters (e.g., avoidant, negativistic, borderline and depressive). The characteristics that the desisters talked about seem to link managing triggers to violence and permission to be non-violent. The absence of personality pathology enabled the men to choose non-violent responses and in managing certain characteristics (e.g., aggression, self-control) the men chose identities that are associated with people who are non-violent. Based on the fact that it is not possible to know the temporal order of things, it could be the case that in choosing a new pathway the men then change their personality traits to reflect this new way of being. However it might be that these changes happen at the same time, e.g., as they change pathway, they feel better about themselves and change their traits and are more confident. This in turn means that they are more able to successfully change and this bi-directional relationship helps motivate and reinforce change.

The desisters reported less personality pathology (and this was echoed in their accounts), so it appears that the cycle of lifestyle behaviours (non-violent) is not characterised by personality and clinical dysfunctions. Arguably it may be the traits that distinguish the desisters and persisters but not the desisters and controls that are important. For example, this was the case for histrionic and compulsive sub-scales (elevated in the desisters and controls compared to the persisters), and these factors particularly represent healthy aspects of personality. As this scale correlates positively with items relating to control of behaviour and emotion, it may be that the higher scores found in the desisters are important in the process of desistance. Both control of emotions and behaviours was identified as important by the desisters in their abilities to stop using violence. While the quantitative data gave a cross-sectional insight in to these characteristics, the qualitative data suggested that these traits did alter over time and individual changes were observed in the accounts of the desisters (e.g., changes in anger, aggression, self-

control, anxiety and depression). This suggests that part of the cycle of lifestyle behaviours (non-violent) is achievable in the presence of protective factors in the form of healthy aspects of personality, or traits that changed over time.

One important observation was that the desisters reported significantly different scores on all of the personality dysfunction scales and the severe clinical syndrome scales compared to the persisters. Some of the characteristics associated with these scales (e.g., depression, anxiety, mood swings, and low self-esteem) were discussed in the interviews as being related to the use of violence. Again it seems that the absence of elevated scores / clinical traits and pathology acts as a protective factor; when the men who were interviewed talked about not using violence they assigned positive characteristics to themselves (hardworking, motivated, relaxed, less angry) and not those associated with the personality dysfunction and severe clinical syndrome scales. The qualitative data did not capture specifically whether the differences observed in personality pathology between the desisters and persisters were a result of within individual changes over time. Personality pathology therefore needs to be examined while the men are using violence and as they desist overtime and arguably needs to be the focus of on-going research. However, it appears that severe personality dysfunction and severe clinical syndromes are causally related to violence. When these factors are absent then the cycle of lifestyle behaviours (non-violent) is achievable, suggesting that they act as protective factors for the men.

The current research was exploratory in nature but has provided compelling evidence that desistance is a process that evolves over time. It also illuminates a complex relationship between a heterogeneous group of people in terms of personality and psychopathology. This then influences the men's experiences day to day, their choice of responses in certain situations, their desires to change and their abilities to successfully achieve this.

## 7.4 Limitations

This work was exploratory and coupled with the nature of the topic under investigation and the methodology employed comes with inherent limitations. The current study was not conducted as a means of determining if there were discrete profiles for persisters and desisters on the MCMI-III but to examine trends and differences between these groups. The results must be approached with caution due to the modest sample size and the large numbers of statistical comparisons that were undertaken. However, the current study does seem to identify patterns of psychopathology among the groups, which are consistent with empirical evidence (e.g., Craig 2003, Gibbons, Collins and Reid 2011, Gondolf 2004) and therefore suggests that the findings in the current study are valid. The same caution applies to the qualitative study. Although the sample size is good for the methodology employed, this is the first research to examine desistance from IPV across four different groups using a qualitative methodology. Replication is required across other samples to validate the findings and assess generalisability.

Group classification for both studies was made based on self-report on the CTS2, which can be problematic (Cook 2002). There is no guarantee that the controls had not used violence in their relationships, or that the desisters had stopped using violence. However, file notes were accessed for some of the desisters and if there had been any police call outs to the desister group this would have been known. This (police being called out), however, was not the case for any of the desisters recruited. In the quantitative study, the MCMI-III was also self-report and so open to response bias. However, response bias on the questionnaires was examined across the groups. The controls presented with the highest desirability scores and group comparisons revealed that significant differences were found in response bias on all of the three scales (disclosure, desirability and debasement) between the controls and persisters and the desisters and persisters, with the controls as a group presenting themselves more favourably. This suggests that the persisters were less socially aware of presenting in what would be a desirable manner or indeed were unable to identify what would be socially desirable. However, it has been found that the debasement scale may

be elevated and desirability depressed (which is seen for the persisters in comparison with the other groups) in people reporting numerous symptoms (Tweed and Dutton 1998). Therefore this finding in the current results might reflect a greater number of symptoms confirmed on the questionnaire by the persisters. In addition to this, the difference in social desirability scores between the desisters and persisters (and perhaps some of the differences found in the accounts) may be evidence of a post-treatment increase in social desirability from the desisters. Post treatment the desisters are likely to have an increase of awareness regarding desirable behaviour, as opposed to the persisters who had just started or were waiting to join a programme and would possibly lack this awareness (Bowen and Gilchrist 2004).

Due to the non-parametric analyses used in the current study response bias could not be statistically controlled for. However, invalid profiles were removed, but any minimised and exaggerated profiles were retained for clinical reasons; minimisation and self-justification are important factors in IPV work and it has been suggested that extreme responses are clinically worth maintaining in any analysis (Heckert and Gondolf 2000). Arguably this diversity in response bias means that the sample used is a representative group. This is because other researchers have found in their samples that men range from those who are highly distressed and who do not attempt at all to conceal this, to those who significantly minimise their responding when self-reporting personality pathology (Craig 2003, Gibbons, Collins and Reid 2011). In addition the rates of disclosure scores at meaningful base rate cut off scores were less than in Millon's clinical sample (Millon et al. 2006) suggesting the current sample is not over represented by men minimising or exaggerating their symptoms.

It is also possible that response bias influenced men's reporting during the interviews. The men may have been influenced to respond more positively particularly in light of the fact that the majority of the interviews took place where the men were also attending treatment. It was observed that some of the desisters used language that is commonly used in treatment programmes (e.g., the

desisters talked about no longer being in denial and not using minimisation as a technique).

It is expected that the findings will generalise to other clinical and forensic settings given that the sample was made up of both self-referred and court-mandated men. Previous researchers (Bowen and Gilchrist 2004, Dutton and Starzomski 1994) have identified that these groups may have different characteristics. Bowen and Gilchrist (2004) observed that self-referred men have higher levels of motivation to change, locus of control, and anger than court referred men. Saunders and Parker (1989) found that voluntary referrals were classified as angrier towards their partners and also scored higher on social desirability, but had lower jealousy scores in comparison to those referred through probation. Dutton and Starzomski (1994) made group comparisons between court-mandated and self-referred men using the MCMI-II and whilst both groups exhibited high degrees of psychopathology self-referred men scored higher on six of the subscales (avoidant, compulsive, self-defeating, borderline personality, borderline personality, anxiety and dysthymia), whereas the court-referred men only scored significantly higher on one scale (histrionic). In the current sample no group differences were observed. It is possible that this may be an artefact of the small sample used and the use of multiple testing.

However, it is the case that the findings are not generalisable to those who have not been referred at all, i.e., those who live in the community but have never been arrested or never voluntarily sought help / treatment. It has been suggested that those who have not been referred constitute a large proportion of IPV men (Dutton 1988). It is exceptionally difficult to access this type of sample, which is why they were not included in the current study. However, this sample would also need to be studied in order to draw firm conclusions about the aetiological role of personality and psychopathology in IPV and if the conceptual model developed is aligned to the process of 'spontaneous' desistance found in 'untreated samples'. There are likely to be some key differences by the very fact that the community men have not attended treatment, particularly as treatment (and certain elements associated with it) formed part of the conceptual model developed in this study.

The sample was also predominantly white British and so the generalisability to other ethnicities is also questionable. Although the examination of ethnicity within desistance research has been neglected in IPV research, in the general offending literature it has been suggested that structural (family, friends, employment) and cultural (religion, values) ethnic differences affect how the process of desistance is experienced (Calverley 2012). This has not been examined specifically in relation to IPV; however, Caetano et al. (2005) examined stability and prevalence of IPV over time across different ethnicities and reported that incidents of and reoccurrence of IPV was higher for Blacks and Hispanics than Whites. They also found that Whites reported higher rates of desistance. All of this would suggest the ethnicity must be considered in relation to IPV in future research studies. It is likely, however, that the findings reported in this thesis are generalisable to other white British treatment samples of domestically violent men.

## 7.5 Implications of findings for future research and intervention

### 7.5.1 Future research

The new conceptual model developed in this research needs to be tested across other groups of men who have used violence against their intimates to assess the model's reliability, validity and generalisability. This could be done either using a deductive qualitative methodology where an a priori template of coding is used (Ryan and Bernard 2003), or by the development of a questionnaire. The current study provides a cross-sectional snap-shot of the desistance process that is influenced by the role of treatment. This needs to be broadened and a dynamic longitudinal study is required in which both aspects of the current study (i.e., qualitative and quantitative) are repeated over time. The MCMI-III findings need to be repeated longitudinally as there is debate as to whether personality is static (Duggan 2004) or dynamic and, because of the between-group analysis in the current study, it is not clear if the identified group differences were present prior to desistance, or whether they are an artefact of treatment and the desistance process. Using a longitudinal design, researchers

would be able to examine if historical, static and dynamic factors differ both initially between the groups and/or over time. These factors should preferably be studied in community samples pre and post arrest but prior to the start of treatment and then longitudinally over time. This would mean that it would be possible to potentially identify those who are most likely to desist and persist and could inform what different treatment formats and intensities are required across perpetrators of IPV.

The conceptual model and the MCMI-III findings also need to be extended over time because desistance was only measured up to a year. Although this is clinically meaningful (Feld and Straus 1989), it is not clear what stage of desistance this relates to and perhaps does not represent secondary desistance (Gadd 2006, Maruna et al. 2004), or normalcy (Göbbels, Ward and Willis 2012). It is possible that the model only reflects the processes involved in the suspension of IPV and not long-term secondary desistance. However the findings are still important. The concepts identified during the period of suspension need to be targets for treatment (e.g., permission to be non-violent, managing triggers). The year where the men are violence free needs to be seen as a transitional phase, which is necessary for secondary (or long-term) desistance. Research then needs to be extended to include the long-term (i.e., over several years and perhaps decades) to understand whether and how this phase differs from those identified in the model.

On an individual basis, a clear understanding is required of how the characteristics measured on the MCMMI-III play a role in desistance and persistence. In addition how these characteristics interact with the experiences identified on the conceptual model of desistance for each individual needs to be clearly understood. For example, in relation to depression it is unclear if depression is a factor that plays an aetiological role in IPV, or if IPV is a contributory factor to the depression observed in the perpetrators. Investigating this would also require longitudinal research. In the current data depression was cited as being an antecedent to violence by some of the persisters and some of the desisters (at the stage where physical violence was a feature in their



relationships). In contrast, however, depression was not a feature in the desisters' accounts for the period when they had not been using violence, but it was not clear when, how and if this factor had changed overtime, or if it was the case that changes in depression promoted desistance or if desisting from IPV alleviated depression.

Similarly with self-esteem (measured in anxiety and somatoform subscales) time series designs that enable the examination of fluctuations in self-esteem, or longitudinal research where the temporal sequence of risk factors and the characteristics of those who have persisted or desisted can be assessed, are required. The current research does not illuminate whether low self esteem causes violence (trigger), or the use of violence causes low self esteem for the persisters; or whether conversely an increase in self esteem enables desisters to stop using violence (managing triggers), or whether the cessation of violence leads to increased self-esteem for the desisters. It has been suggested that the relationship is likely to be bi-directional (Murphy, Stosny and Morrel 2005); as self-esteem increases the risk of reacting violently decreases and as the use of violence decreases feelings of guilt and shame are reduced and so self esteem then increases.

Finally researchers need to consider if certain traits are stable and whether they could historically differentiate the groups, or are they malleable traits that change overtime and are context dependent. Although there are issues in assessing personality over-time it is thought that personality traits are not completely static and some aspects change over time (Watson 2004). For example, anger is viewed as having two facets: state anger that is a subjective experience that varies in intensity and fluctuates over time; and, trait anger that consists of thoughts and attitudes that are relatively stable over time (Hamdan-Mansour et al. 2012). This again provides another justification for researching personality characteristics in IPV men longitudinally. The qualitative data suggested that certain characteristics changed overtime (anxiety, aggression, and anger) but further investigation of this is required in future research.

### 7.5.2 Offender assessment and intervention

The implications of the findings that the desisters and persisters are heterogeneous individuals and that the process of desistance is distinct for each and every person advocates the need to undertake individual assessments for each IPV perpetrator. Such assessments must identify the contextual and situational factors associated with each individual's use of violence (i.e., what is his current cycle of lifestyle behaviours), as well as using the MCMI-III (or comparable tools) to assess each individual's personality pathology. This will allow practitioners to determine if pathology is a clinical or criminological need, in order to enable the direct targeting and tailoring of treatment. Such an approach would be consistent with the Risk-Need-Responsivity (RNR) model of rehabilitation, from which numerous effective treatment programmes have been developed for a range of crimes (Andrews and Bonta 2003, Andrews and Dowden 2006, Andrews, Bonta and Wormith 2006). Based on the model, a need to match the level of treatment provided to each offender's individual risk level has been highlighted. Risk can be established based on personality pathology and current cycle of lifestyle behaviours being experienced. Based on this, as risk increases (e.g., evidencing personality disorder, not recognising their behaviour as violent, stressors in relationship) the extent of treatment required to promote desistance will increase. So, based on the RNR principle, intensity of treatment must be matched to each offender's level of risk. It was identified from the MCMI-III that individuals varied in their personality pathology and different types of profiles (e.g., severe personality pathology and low personality pathology) will indicate different levels of risk. Criminogenic needs should be assessed (e.g., is depression or low self-esteem causally related to violence) and targeted. In addition, offenders at different stages of the process of desistance need different types of treatment, and currently there tends to mostly be treatment for the first stage of the process with little long-term support in place. Treatment needs to be tailored to the individual offender, i.e., to learning styles, motivation (willingness and desire to change) and the ability of the offender (Andrews and Dowden 2006).

This is important, as Bonta, Wallace-Capretta and Rooney (2000) found following an evaluation of a treatment programme for offenders under community supervision that low risk offenders who received intensive treatment had higher recidivism rates but high-risk offenders following intensive treatment show significant decreases in recidivism compared to non-treated groups. Therefore, IPV individuals who present with minimal violence and minimal psychopathology, who recognise their behaviours as abusive and accept responsibility for their violence, may need more simplistic / basic treatment. This will enable them to develop more self-awareness and better communication skills. These individuals may benefit from treatment targets that deal with managing interpersonal conflict (i.e., enabling them to manage antecedents and triggers to violence) and day-to-day skills, as well as relationship skills that can promote healthy and balanced partnerships. However, those with more severe disorders such as borderline, paranoid or major depression, who deny, minimise and justify their abuse, may need more intensive treatment. Men with personality disorders may need adjunctive treatments such as psychosocial treatment (Lamont and Brunero 2009), pharmacotherapy (Schulz et al. 2009), or cognitive behavioural treatment (Hofmann et al. 2012), and may also require very different and modified supervision during treatment. For issues such as depression, a formal assessment may be needed to see if hospital treatment/medication is required. This may need to be completed prior to assessing the treatment required to change their behaviours that are linked to their use of violence. Although the evidence clearly suggests that a tailored treatment is needed, the problem remains that there is little evidence to support the efficacy of traditional treatment let alone different ones (Babcock, Green and Robie 2004, Bowen 2011, Feder and Wilson 2005). Therefore treatment development and the evaluation of all interventions need to be a long-term focus of researchers.

For some of the subscales (e.g., antisocial, alcohol, and drug dependency) there was no difference between desisters and persisters in terms of personality pathology. However, a focus still needs to be placed on these factors in relation to treatment, but on the dynamic elements of these traits and characteristics. In order

to examine these characteristics using the MCMI-III, historical factors are considered and these were evident for both the persisters and desisters. This was seen in the qualitative data when the desisters talked historically about their uses of violence; their accounts, like those of the persisters had similar references to antisocial behaviours, alcohol misuses and drug usage (i.e., behaviours in the cycle of lifestyle behaviours violent). An examination of history of truancy and delinquency is when measuring antisociality whereas the history of alcohol and drug abuse is included when examining alcohol and drug abuse. With these being static factors that are extensively associated with IPV, it follows they would be present in both desisters and persisters and history of drug and alcohol use and abuse is obviously a factor that cannot change.

In relation to research and treatment, the focus therefore needs to be on current practices and behaviours in relation to antisocial behaviour and alcohol and substance abuse as this may be what differentiates desisters and persisters and therefore the way of being that they currently engage with. Certainly, in the qualitative data the desisters identified that they had eliminated or significantly cut down their alcohol and drug usages, whereas none of the persisters discussed that this had happened. Current behaviours and attitudes around antisocial behaviours, alcohol, and substance abuse may therefore be more important as treatment targets and for identifying men who are more likely to desist or persist, as historical factors cannot be changed. However, it is important to know how existing practices are affecting the current cycle of lifestyle behaviours that the men are experiencing. The MCMI-III scales for antisocial behaviour, alcohol and drug abuse, includes questions which are used to measure traits associated with the behaviours being examined, i.e., antisocial attitudes, personality and behavioural traits associated with antisociality, and attitudes associated with problematic drinking and drug use, i.e., dynamic risk factors. With the antisocial scale a number of the items examine independence and whether an individual is motivated to avoid control and domination, whereas the alcohol and drug subscales measure traits such as impulsivity, selfishness, independence, non-empathic behaviour and irresponsibility. These might be elements that are distinguishing factors between

the desisters and the persisters and influence which cycle of lifestyle behaviours the men are on and therefore need to be the focus of treatment.

Based on all of the findings and implications associated with these characteristics, it would make sense to interview each offender to determine current antisocial behaviour patterns and substance abuse issues. This would establish what specific areas of their lives have been affected by antisocial behaviours and / or alcohol and drug uses / dependencies. Current antisocial behaviours and substance abuses / dependencies can then be addressed as a starting point. The treatment of alcohol and substance abusing domestically violent offenders presents special challenges, as these individuals present with more severe psychopathology and struggle with complying with treatment and are more likely to revert back to using violence (Easton and Sinha 2002, Hamberger and Hastings 1988). This suggests that formal and intensive alcoholism and drug addiction treatment might be required first, as well a programme that specifically targets IPV. Likewise if substance abuse is an issue, it is likely that this may need formal intervention alongside (or prior to if it impairs functioning) the treatment designed to specifically address IPV. It remains unclear as to the best way of treating both substance abuse and IPV, as reductions in marital violence have been found following treatment that focuses on substance abuse only (Bennett 2008, O'Farrell et al. 2003, Stuart et al. 2003), as well as following treatment where issues addressing both substance abuse and IPV are integrated (Easton et al. 2007). Other researchers have suggested that behavioural couples therapy has more merit for substance misuse and IPV (O'Farrell et al. 2004, Stith et al. 2004a), although this type of treatment remains controversial (Klostermann et al. 2010). Regardless of this debate, for individuals who use IPV and have substance abuse issues, it has been suggested that intervention programmes should be designed to adjunct or integrate substance abuse with IPV issues (Klostermann et al. 2010, Stuart, O'Farrell and Temple 2009).

Treatment may also need to include teaching individuals to control their tempers, how to reduce hostile moods, how to move away from an emphasis on controlling others as well as offering guidance on anger management techniques.

Doing this will enable the men to continue to maintain non-violence in their lives. This suggestion is made based on the finding that the persisters and desisters could not be distinguished in terms of aggressive-sadistic traits (yet both groups could be distinguished from the controls). Individuals with aggressive-sadistic styles seek to control, intimidate and aggress against others using both physical and psychological violence (Craig 2003), which explains why an association might be found between these characteristics and the use of IPV. Evidence of these behaviours was also observed in the development of the conceptual model of desistance when the individuals' ways of being were violent. Taking the MCMI-III findings, interpretations of high scores for these characteristics translate as personality styles that are described as dominating, hostile, aggressive, irritable, disagreeable and angry. The frequency of this subscale being at trait level ( $BR > 74$ ) is relatively small at just over 5% for the desisters, although 18% for the persisters, but both groups have a median of above 60, therefore they had similar median scores to a clinical population but not to the controls (who had a median score of 36). Again, these are traits that have been identified as being risk factors for both psychological and physical male to female violence (Schumacher et al. 2001, Schumacher, Smith-Slep and Heyman 2001) and both groups in the current study have used both these forms of violence at some point in their relationships. This is observed in the current study on the CTS2 that was completed by the offenders, as both groups recorded extensive histories of physical and psychological violence. Individuals that score high on this scale will erupt in to violent behaviours in order to intimidate and control people (also seen in the theme paradox of control); the main feature of these individuals is their uncontrollable rage that is usually expressed at those weaker than themselves (Craig 1999). Although there is no significant difference on the scoring for the desisters and persisters and evidence that their scores are more like clinical populations than the non-offending controls, it may be that desisters have learned to manage this trait in certain contexts and within their dyadic relationship, yet the persisters are still use unable to control this explosive release of anger. This was seen in the qualitative study as the desisters identified that they learned to control their emotions and responses in

potentially explosive situations. It is encouraging, however, that these factors (e.g., controlling temper, controlling others and anger management) are currently the focus of most treatment interventions (Bowen 2011). The findings in the current study, therefore, confirm that this is a treatment need and that the programmes are at this time targeting some of the appropriate factors.

The desisters, persisters and controls could all be distinguished on some personality characteristics and traits (e.g., borderline, paranoid, PTS). These findings suggest that an examination of these characteristics needs to be done on an individual basis in order to assess what is required as a treatment focus. For example in relation to PTS an examination is required to determine whether men do present with a Posttraumatic Stress Disorder (PTSD) profile (identified on MCMI-III as passive aggressive, avoidant and borderline profile), particularly those who have experienced chronic levels of violence in their families of origin. This is because it may be necessary for treatment to use techniques that address the underlying symptoms associated with PTSD, as well as some cognitive behavioural therapy that deal with the anger management issues that may be evident. The treatment needed should perhaps mirror that given to those individuals with different backgrounds formally diagnosed with PTSD, e.g., military. It may mean that institutions that specialise specifically in treatment for PTSD, rather than typical IPV programmes (as an additional resource not replacement) might be able to offer an appropriate form of intervention for some of the men. However, for those who do not present with a PTSD profile such specialised treatment would not be required. Again, this links back to the RNR principle regarding different treatment needs of individuals and to some extent different intensities of treatment that is required. The findings indicate that a one-size fits all treatment approach is not a suitable approach for IPV intervention.

## 7.6 Conclusion

This was the first research to examine the process of desistance from IPV. Current knowledge on desistance from IPV has therefore been extended by the

provision of a complex picture of, the differences in personality pathology between desisters, persisters and those who have never used violence against an intimate, and the processes and experiences that are involved as men desist from IPV. This has led to the development of an innovative conceptual model that is made up of the psychological, social and behavioural factors that were identified as being influential, when men persist in IPV, when they desist from IPV and as they make the transition between these two phases. By using a mixed methodological approach this provided an opportunity to offer a unique insight not only into quantifiably and measurable differences between desisters and persisters but also into the actual lived experiences of those who have used and stopped using violence against an intimate, survivors of IPV and those who have worked extensively with offenders of IPV. Such insights are of utmost importance, as they will enable the development of effective evidence-based interventions.

In conclusion, high levels of personality pathology were found in those who used violence against their intimate partners, compared to controls, but this differed between and within the desisters and persisters. Personality pathology needs to be considered alongside the conceptual model of desistance that was developed, which also highlights that the pathway to desistance is complex and different for each person. This would infer that individualised assessment is required in order to identify the most appropriate and effective method of treatment for each person. In addition, methodological improvements may assist in the study of the characteristics of desisters and persisters and the process of change that happens during desistance. This could be achieved using experimental intervention studies, longitudinal studies and further qualitative research. Such approaches will enable a better understanding of how men desist from IPV, and the findings can then be used to inform evidence-based practice in order to develop effective treatment programmes for perpetrators of IPV. Treatment may well be able to have core overarching features that are required by all offenders of IPV, but this needs to be continually fine-tuned and tailored on an individual basis for it to be fully effective and significantly reduce the risk of reoffending. By doing this progress can be made to ensure that men are able to suspend their use of IPV



and maintain their non-violent lifestyles to desistance, such that non-violent ways of being become the normalcy.

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## 9.0 Appendices

The following appendices have been included:

|             |   |
|-------------|---|
| Appendix 1  | Definitions and measurements of desistance  |
| Appendix 2  | Overview of the key assumptions of critical realism   |
| Appendix 3  | Overview of agencies used for recruitment of participants   |
| Appendix 4  | Acknowledgment of ethics approval and clearance   |
| Appendix 5  | Interview schedules for desisters, persisters, facilitators and survivors   |
| Appendix 6  | Comparisons of male offenders by treatment group (self-referred or mandated)  |
| Appendix 7  | Response bias for all participants and comparisons between desisters, persisters and controls.                              |
| Appendix 8  | Comparisons of CTS2 subscales between desisters, persisters and controls  |
| Appendix 9  | Comparisons of clinically significant scores with three other reported samples  |
| Appendix 10 | Analytical strategy for Thematic Analysis   |
| Appendix 11 | Initial codes developed during Thematic Analysis  |
| Appendix 12 | Global themes, organising themes, basic themes and sub-themes developed for thematic networks                               |
| Appendix 13 | Diagrams of the thematic networks developed   |
| Appendix 14 | Definitions of themes in the conceptual model of desistance and the number of sources and references attached to each theme |

## *Appendix 1: Definitions and measurements of desistance*

It was identified in Chapter 4 that there is a substantial degree of variability in the conceptualisation of desistance used, across various types of offending. An overview of the extent of this variability is presented in Table A1.1 and exemplifies the very different time frames and quantifiable variables that have been used by different researchers.

*Table A1.1 Definition and measurements use*

| Study  | Type of Offending Examined   | Definition   |
|--|--|--|
| Applegate, Surette and McCarthy (1999)                         | Felony, misdemeanour arrests, violations of release                            | Arrest within an 18 month period following release from prison   |
| Ayers, Williams, Hawkins, Peterson, Catalano and Abbott (1999) | Delinquency  | Recorded offence at time 1 (age 12-13) but then no recorded offence between time 1 and time 2 (age 14-15)                  |
| Beaver, Wright, DeLisi and Vaughn (2008)                       | Delinquency  | Self reported non-offending for 1 year   |
| Bushway, Thornberry and Krohn (2003)                           | Serious delinquency  | Conviction before 18 then no conviction after 18   |
| Farrington and Hawkins (1991)                                  | Delinquency  | Conviction at age 21 but not between ages 21 and 32  |
| Farrington and Wilkstrom (1994)                                | Various offences including, stealing, violence, vandalism, fraud and narcotics | Age at the last officially recorded offence up to age 25   |
| Feld and Straus (1989)   | Intimate partner violence  | 1 year no intimate partner violence based on self or partner report  |
| Gordis, Margolin and Vickerman (2005)                          | Intimate partner violence  | 18 months no intimate partner violence based on self and partner report  |
| Gunnison and Mazerolle (2007)                                  | Delinquency (minor and serious)  | 3 years based on self report   |
| Hanson (2002, 2006)  | Sex offending  | Analysis of variety of samples and based on convictions and charges from follow up information from between 2 and 23 years |

Table A1.1 continued

| Study   | Type of Offending Examined                                       | Definition  |
|---|--|---|
| Knight, Osborn and West (1977)                              | Delinquency  | Self-report delinquency over a 2 year follow up period  |
| Kreager, Matsueda and Erosheva (2010)                       | Delinquency  | Self-report delinquency over a 10 year follow up period   |
| Haggård, Gumpert and Grann (2001)                           | High risk violent offenders                                      | During the follow up period, no reconviction in the previous 10 years   |
| Johnson (2003)  | Intimate partner violence  | 1 year based on self-report   |
| Kruttschnitt, Uggen and Shelton (2000)                      | Sex offenders  | Absence of new officially recorded offenses or probation violation or absence of new personal offending throughout a 2 year period  |
| Laub and Sampson (2001)                                     | Delinquency  | Absence of arrest (follow up to age 70)   |
| LeBel, Burnett, Maruna and Bushway (2008)                   | Mainly property crimes and some additional unspecified offending | No further criminal convictions in entire 10 year follow up; also no re-imprisonment in 10 year follow up   |
| Lodewijks, de Ruiter and Doreleijers (2010)                 | Violent  | 18 months based on official data  |
| Loeber Strouthamer-Loeber, van Kammen and Farrington (1991) | Delinquency  | Offending history at screening then no self-report offending in the 3 follow-up interviews (18 month period)  |
| Loeber, Pardini, Strouthamer-Loeber and Raine (2007)        | Delinquency (moderate and serious)                               | Individuals who engage in moderate/serious delinquency in early adolescence (over four years aged 13-16) but refrained from moderate/serious delinquency in during late adolescence (3 years age 17-19) based on self reports |
| Maruna (2001)   | Variety of offending although mostly drug related and property   | Individuals who claim to be long-term habitual offenders, who claim they will not commit crimes in the future and who self-report at least 1 year crime free behaviour  |

Table A1.1 continued

| Study   | Type of Offending Examined   | Definition   |
|---|--|--|
| Massoglia and Uggen (2007)  | Delinquency  | <p><i>Subjective desistance</i>: Compared to 5 years ago do you think you do more, less or about the same amount of these (criminal) activities</p> <p><i>Reference desistance</i>: compared to other people of your age do you think you do more, less or about the same amount of these (criminal) activities</p> <p><i>Behavioural desistance</i>: Moderation or cessation of self-report drunk driving, theft, and violence in past 3 years</p> <p>Official desistance: zero arrests in the past three years</p> |
| Mulvey, Steinberg, Piquero, Besana, Fagan, Schubert and Cauffman (2010) | Various offending including crime against the person, property offences, drug offences and weapon offences | Self-reports of offending behaviour during a three year follow-up period following adjudication  |
| Ouimet and Le Blanc (1996)  | Delinquency  | Retrospective self reporting of criminality between 18 and 31  |
| Paternoster and Mazerolle (1994)  | Delinquency  | Self report delinquency over a 1 year period   |
| Piquero, Moffitt and Wright (2007)                                      | Delinquency  | Conviction during the juvenile period (prior to age 18) but no conviction between 18 and 26  |
| Quigley and Leonard (1996)  | Intimate partner violence  | No self-report and partner report of violence in years 2 and 3 of marriage following violence in year 1  |
| Sampson and Laub (1993)   | Delinquency  | Juvenile delinquents who were not arrested as adults   |
| Sampson and Laub (2003)   | Delinquency  | Absence of arrest (follow-up to age 70)  |
| Savolainen (2009)   | Felony   | No new convictions in follow-up period of 5 years  |
| Scott and Wolfe (2000)  | Intimate partner violence  | Attending an advanced treatment group, judged by primary counsellors to have made significant and lasting changes in their abusive behaviour (Minimum of six months) and partner-report of no incidents of physical or extreme psychological abuse for at least 6 months   |
| Shover and Thompson (1992)  | Felony   | No arrests in the 36 months following release from prison  |



*Table A1.1 continued*

| Study                               | Type of Offending Examined                             | Definition   |
|-------------------------------------|--|--|
| Uggen and Kruttschnitt (1998)       | Various offences including robbery, burglary and theft | Behavioural desistance: Absence of self-reported illegal earnings during a three year follow up period<br>Official desistance: No arrests during a three year follow up period |
| van der Geest and Bijleveld (2008)  | Delinquency  | 5 years based on reconvictions from official data  |
| Warr (1998)                         | Delinquency  | Individuals who did not report having committed any offences in the past year  |
| Woffordt, Mihalic and Menard (1994) | Intimate partner violence                              | Absence of marital violence at time 2 given violence at time 1 (3 years difference between T1 and T2)  |

## *Appendix 2: Overview of key assumptions of critical realism (Sayer 1992)*

Sayer (1992) offers a detailed and comprehensive account of critical realist ontology and the extracts below taken from his book, are an exact copy of the list he developed, that sets out the eight key assumptions of this ontological position:

- (i) The world exists independently of our knowledge of it
- (ii) Our knowledge of the world is fallible and theory laden
- (iii) Knowledge develops neither wholly continuously, as the steady accumulation of facts within a stable conceptual framework, nor wholly discontinuously, through simultaneous and universal changes in concepts
- (iv) There is necessity in the world; objects (e.g. entities such as people, relationships, attitudes, resources, ideas etc.) whether natural or social necessarily have particular powers and ways of acting and particular susceptibilities (i.e. entities that we study have the powers or liabilities to cause events to happen)
- (v) The world is differentiated and stratified, consisting of not only of events (i.e. outcomes that are being investigated), but objects, including structures (i.e. related objects or practices) that have powers and liabilities capable of generating events
- (vi) Social phenomena such as actions, texts and institutions are concept dependent (i.e. they are not impervious to the meanings ascribed to them they depend on what they mean in society and to its members). Although they have to be interpreted by starting from the researchers' own frames of meaning, by and large they exist regardless of researchers' interpretations of them

- (vii) Science or the production of any kind of knowledge is a social practice. For better or worse (not just worse) the conditions and social relations of the production of knowledge influence its content. Knowledge is largely - though not exclusively – linguistic, and the nature of what we communicate is not incidental to what is known and communicated. Awareness of these relationships is vital when evaluating knowledge
- (viii) Social science must be critical of its object. In order to be able to explain and understand social phenomena we have to evaluate them critically (Sayer 1992:5)

Points (i), (iv), and (v) set out the assumptions regarding ontology that there is a 'reality out there.' However, because conditions to accurately access and accurately measure this reality rarely exist there is also the acceptance that reality is socially constructed at points, as set out in assumptions (ii), (iii), (vi), (vii). Whilst there is an element of social construction, it is not entirely the case as (Easton 2010:122) argued that individuals construe rather than construct their worlds as 'reality kicks in at some point'. Therefore according to critical realism, discourse is important, as is the interpretation of it, but studying this in isolation is not enough to offer an explanation of something.

### *Appendix 3: Overview of agencies used for recruitment of participants*

#### Splitz Support Service

Splitz is an independent charity and a leading provider of domestic abuse support services in Wiltshire. Splitz was founded in West Wiltshire but it now provides support services in Wiltshire, Swindon and Bristol. The organisation delivers an accredited programme (Respect accredited 2010) for male perpetrators of IPV, called The Turnaround Programme, which is open to male perpetrators over the age of 21. This programme is based on the Duluth model and the issue of 'power and control' is used as the underpinning theoretical framework. It is a 30-week rolling programme that can accommodate 8-10 participants per group. It consists of five modules, each run weekly for six weeks. Each session runs for two and a half hours. The modules that are delivered are: (i) physical abuse; (ii) sexual respect; (iii) emotional abuse; (iv) impact of domestic abuse on children; and, (v) rebuilding trust and respect. The men have to attend for all of the modules.

#### The Hampton Trust

The Hampton Trust was established in 1996 and provides programmes and projects for families, children, and young people, including services for domestic violent perpetrators and victims. This Trust provides the Adapt Domestic Abuse Prevention training (ADAPT) programme in Southampton, Guernsey, Havant, Basingstoke and The Isle of Wight. The men who attend ADAPT, which is based on the Duluth model, are either self-referred or referred through Children and Family Court Advisory and Support Service (CAFCASS). Following an in depth two hours assessment, men accepted onto ADAPT complete a 30 week rolling programme consisting of the same five modules topics offered by Splitz. Their modules are called: (i) physical abuse; (ii) sexual abuse; (iii) emotional abuse; (iv) domestic abuse and children; and (v) rebuilding trust and respect. The men have to attend all of these modules.

### Strength to Change

This service is provided in Hull for men who are concerned about their use of violence in their intimate relationships and abuse of their intimate partners. This initiative is led by NHS Hull and developed jointly with Hull Citysafe. The service includes a helpline, therapeutic interventions, and perpetrator programmes.

Strength to Change offer a telephone helpline, individual sessions followed by group treatment sessions. The group work offered is 40 sessions, based on the Duluth model, each of two and a half hours that the men attend once a week. The group functions as a rolling group and so as one man completes 40 sessions he is replaced with another. Maximum numbers for the group is eight. The sessions cover five themes and are described as follows: (i) intimidation and coercion/ respect and negotiation; (ii) emotional abuse/ intimacy and love; (iii) gender and privilege/ partnership and participation; (iv) sexual abuse/ sexual respect; and, (v) abusive parenting/ responsible parenting.

### Wiltshire and West Mercia Probation Trusts

Wiltshire and West Mercia Probation Trusts are 2 of the 35 Probation Trusts found across England and Wales. The 35 trusts are responsible for supervising round 234,000 offenders in the community. Wiltshire Probation trust has five offices across Wiltshire and Swindon and employs over 150 people. At any one time, Wiltshire Probation Trust could have responsibility for up to 1,500 offenders. West Mercia probation covers Hereford, Shropshire Worcestershire and Telford and Wrekin and employs around 320 staff. Each year West Mercia Probation Trust supervises around 4000 adult offenders in the community. Both these probation Trusts offer a statutory perpetrator programme: The Integrated Domestic Abuse Programme (IDAP). In addition, Wiltshire Probation Trust also developed and delivers locally The Relationships Skills for Men (RSfM) for men who are court mandated to attend treatment. The IDAP is based on the Duluth approach. The IDAP consists of 27 group work sessions (9 modules, 3 sessions per module), with generally between 8-10 men attending in each group. The treatment includes pre and post-programme work that includes psychometric testing and comparisons.

The nine modules that are delivered are; (i) non-violence; (ii) non-threatening behaviour; (iii) respect; (iv) support and trust; (v) accountability and honesty; (vi) sexual respect; (7) partnership; (viii) responsible parenting; and, (viii) negotiation and fairness. The programme was designed for men who have committed violence against their partners within heterosexual relationships. The RSfM consists of 10 sessions designed for offenders convicted of offences connected with their relationships with women. The package is designed to help the group members improve their problem solving and social skills, plus increase their personal emotion management and moral understanding.

*Appendix 4: Acknowledgement of ethical clearance and approval*

## *Appendix 5: Interview schedules for desisters, persisters, facilitators and survivors*

### **Interview schedule for Desisters and Persisters**

1. Introductions: KW background to research. Participant information sheet etc.  
Explain no right or wrong answers just wanting to hear views and experiences.  
Explain that if disclose information that suggests someone may be placed in danger would have to inform probation officer

#### **Rapport Building:**

2. Start with a few basic questions – name and preferred name to be called in interview, age, school and educational history, highest educational achievement, ethnicity,
3. Current relationship status:
  - How long in relationship?
  - How did you meet?
  - What attracted you to each other?
  - Any children?

#### **Intimate Partner Violence**

4. History of Intimate Partner Violence:
  - First incident
  - Timeline of incidents; within relationships across relationships
  - Severity, frequency and type of violence used
  - Do you think that there are any issues that lead you to use violence?  
Any specific patterns / situations that lead you to use violence
5. When was the last time that you were violent to a partner?
  - How did the use of violence make you feel?
  - How did the use of violence make them feel



## Desisters

6. I would like you to tell me the story of how you changed from being violent within your relationship to being the man you are today. I am interested in the stages that you have gone through and the events that have happened that have contributed to your change.
7. What were things like before you changed?
8. When did you start to think about change?
9. Was there something specific that made you think about changing
  - Was there a specific incident that motivated you to stop?
  - Was it a conscious decision?
  - If so what was it based on?
  - If not why do you think it happened?
10. Describe the last violent incident; how did you feel after it; was it different to previous episodes
11. Can you describe when and how you made the change from being violent to your partner to stopping using violence?
12. Have you attempted to stop being violent to your partner before
  - How long did that last?
  - What triggered you to start being violent again?
  - How often have you attempted to stop
  - Was this a regular thing
13. What was different about this time?
14. What stops you from being violent again?
15. Do you think you will ever use violence again?
16. Have you been violent to anyone you were not in a relationship with? Where and how often? Has this stopped?

17. When you were being violent to your partner what words would you use to describe yourself and your behaviour? How would you describe yourself now? Do you see yourself as different? If so how?
18. What strategies do you use to stop yourself being violent to you partner? How do they work?
19. What help/ support/ situations/ attitudes do you think you need so that you can maintain this change of behaviour?
20. Is there anything else that you would like to add?

#### Persisters

21. I would like you to tell me the story of how you use violence within your relationship and how you describe yourself as the man you are today. I am interested in the stages that you have gone through in your relationships that relate to your violence and the events that have happened that have contributed to your behaviour.
22. Describe the types of situations that make you use violence against your partner.
23. What is the longest period of time that you have not been violent to your partner?
24. Are there relationships where you have not used violence at all? If so why was this different?
25. Have you been violent to anyone you were not in a relationship with? Where and how often? Has this stopped?
26. Have you thought about changing your behaviour?
27. Have you ever tried changing your behaviour? Do you think you could have been successful and if so how?
28. Do you want to stop using violence?
29. How do you feel after you have been violent? How do you think your partner feels after you have been violent

30. Do you see yourself as always being violent within your intimate relationships?  
Do you see a time when you will not be violent in a relationship?
31. If you think that you will stop being violent how do you think you would achieve this?
32. What do you think it would take for you to stop using violence in your relationship?
33. Is there anything else that you would like to add?

### **Interview Schedule for Facilitators**

1. Introductions: KW background to research. Participant information sheet etc. Consent and explain about anonymity and confidentiality.
2. General background questions – job role, who you work with, length of time in the role
3. Histories of some of offenders that work with:
  - Desisters – how long
  - Persisters
4. In your opinion how do IPV offenders stop using violence?
5. How do you define/operationalise desistance?
6. I would like you to tell me the story of how you have worked with individuals who have changed from being violent within their relationship and how they changed their behaviour and those who persist with violence. I am interested in the stages that they may have gone through and the events that have happened that have contributed to their change
7. Can you describe what you think are the triggers that stop people being violent to an intimate partner?
8. Are there certain triggers that are more important?

9. What changes in people have you observed?
10. What are the key characteristics of those who desist / persist?
11. Can you describe the process and stages that you have observed with individuals who have desisted from IPV?
12. What support do you think is necessary for those who want to desist?
13. Why are some individuals more likely to desist?
14. Why are some individuals more likely to persist?
15. What prevents people from desisting?
16. What role do you think Offender Managers play in helping offenders to desist from IPV?
17. Is there anything else you would like to add?

### **Interview Schedule for Survivors**

1. Introductions: KW background to research. Participant information sheet etc. Explain no right or wrong answers just wanting to hear views and experiences. Explain that if get distressed or do not want to discuss things further can terminate the interview or change the line of questioning

### **Rapport Building:**

2. Start with a few basic questions – name and preferred name to be called in interview, age, school and educational history, highest educational achievement, ethnicity,
3. Current relationship status:
  - How long in relationship?
  - How did you meet?
  - What attracted you to each other?
  - Any children?

## Intimate Partner Violence

### 4. History of Intimate Partner Violence:

- First incident
- Timeline of incidents; within relationships across relationships
- Severity, frequency and type of violence used
- Do you think that there are any issues that lead your partner to use violence? Any specific patterns / situations that lead him to use violence

5. In your current / last relationship has the violence continued or stopped completely? How long has the relationship been violence free / when did you last experience some form of violence in your relationship?

6. Where violence has now stopped for at least 6 months:

7. I would like you to tell me the story of how your partner changed from being violent within your relationship to being non-violent. I am interested in the stages that you both have gone through and the events that have happened that have contributed to this change.

8. What were things like before the violence stopped?

9. Describe the last violent incident; how did you feel after it; was it different to previous episodes?

10. Was there a specific incident that you believed motivated them to stop?

11. What do you think was the single most important thing that happened that stopped them being violent?

12. Had they attempted to stop being violent before; how long did that last? What triggered the violence again?

13. Do you think they will be violent towards you in the future again?

14. What strategies do you think your partner used to stop being violent towards you? How do they work?

15. Is there anything you think you had to do differently that stopped your partner being violent?
16. What do you think stops your partner from being violent towards you?
17. Is there anything else that you would like to add?

Where violence is still in the relationship

18. I would like you to tell me the story of how you experience violence within your relationship and how you describe your partner as he today. I am interested in the stages that you have both gone through in your relationships that relate to your experience of violence and the events that have happened that have contributed to your partner's behaviour
19. Describe the types of situations that make your partner use violence against you.
20. What is the longest period of time that he has not been violent to you?
21. Is he violent to anyone he is not in an intimate relationship with? Can you describe these?
22. Has he been violent in previous relationships?
23. Have there been periods where he has stopped being violent? Was there something different about those times?
24. What triggered the violence to start again?
25. Have your partner ever talked about changing his behaviour?
26. What do you think stops him from changing his behaviour?
27. Do you think he wants to stop using violence?
28. Do you think he will always be violent within your intimate relationships?

29. What do you think your partner needs to stop being violent in your relationship?

30. Is there anything else that you would like to add?

*Appendix 6: Comparisons of male offenders by treatment group (self-referred or court-mandated)*

As the offenders were taken from both self-referred community SR(C) treatment programmes and court-mandated probation CM(P) programmes, Mann-Whitney comparisons of the five factors of the CTS2 were undertaken. There were no statistically significant differences (based on  $p \leq .01$ ) in any of the factors. This is presented in Table A6.1, which includes the median scores (Mdn) for each group and the Mann-Whitney comparisons ( $U$ ) with corresponding  $z$  scores. Effect sizes have been reported using Pearson's correlation ( $r$ ).

*Table A6.1: Mann-Whitney comparisons of CTS2 scores between males attending self-referred community and court-mandated probation programmes*

| Factor                   | Mdn<br>SR(C) | Mdn<br>CM(P) | $U$    | $z$   | $r$  |
|--------------------------|--------------|--------------|--------|-------|------|
| Negotiation              | 53.00        | 64.00        | 871.50 | -.26  | -.28 |
| Psychological Aggression | 28.00        | 23.00        | 824.00 | -.67  | -.07 |
| Physical Assault         | 1.00         | 3.00         | 831.00 | -.64  | -.07 |
| Injury                   | 0.00         | 0.00         | 886.00 | -.17  | -.02 |
| Sexual Coercion          | 0.00         | 0.00         | 817.50 | -1.03 | -.11 |

\* Significant difference at  $p \leq .01$  (Bonferroni adjustment from  $p < .05$ )

In addition comparisons of all of the subscales of the MCMI-III were undertaken. Firstly this entailed an examination of the three response bias subscales where no significant differences were seen (Table A6.2).



*Table A6.2: Mann-Whitney comparisons of response bias scores between males attending self-referred community and court-mandated probation programmes*

| Subscale       | <i>Mdn</i><br>SR(C) | <i>Mdn</i><br>CM(P) | <i>U</i> | <i>z</i> | <i>r</i> |
|----------------|---------------------|---------------------|----------|----------|----------|
| X Disclosure   | 59.00               | 49.00               | 754.00   | -1.28    | -.14     |
| Y Desirability | 59.00               | 63.00               | 782.00   | -1.04    | -.11     |
| Z Debasement   | 49.00               | 46.00               | 813.50   | -.76     | -.08     |

\* Significant difference at  $p \leq .002$  (Bonferroni adjustment from  $p < .05$ )

To complete the comparisons, examinations were made of the 24 subscales in the MCMI-III; there were no statistically significant differences detected on the personality scales (Table A6.3).

*Table A6.3: Mann-Whitney comparisons of MCMI-III personality scores between males attending self-referred community and court-mandated probation programmes*

| Subscale                             | <i>Mdn</i><br>SR(C) | <i>Mdn</i><br>CM(P) | <i>U</i> | <i>z</i> | <i>r</i> |
|--------------------------------------|---------------------|---------------------|----------|----------|----------|
| 1 Schizoid                           | 61.00               | 57.00               | 831.50   | -.61     | -.06     |
| 2A Avoidant                          | 63.00               | 47.50               | 748.00   | -1.33    | -.14     |
| 2B Depressive                        | 64.00               | 54.50               | 843.00   | -.51     | -.05     |
| 3 Dependent                          | 65.00               | 54.00               | 830.00   | -.62     | -.06     |
| 4 Histrionic                         | 47.00               | 57.00               | 731.00   | -1.48    | -.16     |
| 5 Narcissistic                       | 57.00               | 60.00               | 858.00   | -.37     | -.04     |
| 6A Antisocial                        | 69.00               | 69.00               | 810.00   | -.792    | -.08     |
| 6B Sadistic (Aggressive)             | 67.00               | 64.50               | 731.50   | -1.48    | -.16     |
| 7 Compulsive                         | 51.00               | 51.00               | 897.50   | -.03     | -.01     |
| 8A Negativistic (Passive Aggressive) | 65.00               | 62.00               | 690.50   | -1.83    | -.20     |
| 8B Masochistic (Self-Defeating)      | 63.00               | 59.50               | 767.00   | -1.17    | -.13     |

\* Significant difference at  $p \leq .002$  (Bonferroni adjustment from  $p < .05$ )

As seen in table A6.4, there were also no significant differences in personality dysfunctions between the SR(C) and CM(P) groups.

*Table A6.4: Mann-Whitney comparisons MCMI-III personality dysfunction between males attending self-referred community and court-mandated probation programmes*

| Subscale      | <i>Mdn</i><br>SR(C) | <i>Mdn</i><br>CM(P) | <i>U</i> | <i>z</i> | <i>r</i> |
|---------------|---------------------|---------------------|----------|----------|----------|
| S Schizotypal | 61.00               | 49.50               | 807.50   | -.82     | -.09     |
| C Borderline  | 68.00               | 65.50               | 840.00   | -.53     | -.06     |
| P Paranoid    | 64.00               | 60.50               | 808.00   | -.81     | -.09     |

\* Significant difference at  $p \leq .002$  (Bonferroni adjustment from  $p < .05$ )

Table A6.5 shows that no significant group differences were found on the subscales that measured clinical syndromes.

*Table A6.5: Mann-Whitney comparisons MCMI-III clinical syndrome scores between males attending self-referred community and court-mandated probation programmes*

| Subscale                | <i>Mdn</i><br>SR(C) | <i>Mdn</i><br>CM(P) | <i>U</i> | <i>z</i> | <i>r</i> |
|-------------------------|---------------------|---------------------|----------|----------|----------|
| A Anxiety               | 75.00               | 75.00               | 852.00   | -.42     | -.05     |
| H Somatoform            | 45.00               | 37.50               | 879.50   | -.19     | -.02     |
| N Bipolar: Manic        | 63.00               | 63.00               | 821.00   | -.70     | -.07     |
| D Dysthymia             | 57.00               | 60.00               | 861.00   | -.35     | -.04     |
| B Alcohol Dependence    | 66.00               | 75.00               | 691.50   | -1.83    | -.20     |
| T Drug Dependence       | 67.00               | 67.00               | 836.50   | -.56     | -.06     |
| R Post Traumatic Stress | 60.00               | 61.50               | 836.50   | -.56     | -.06     |

\* Significant difference at  $p \leq .002$  (Bonferroni adjustment from  $p < .05$ )

Likewise, no statistically significant differences were found when comparing the scores on the severe clinical syndromes for SR(C) and CM(P) males as tabulated in Table A6.6.

*Table A6.6: Mann-Whitney comparisons MCMI-III severe clinical syndrome scores between males attending self-referred community and court-mandated probation*

| Subscale               | <i>Mdn</i> | <i>Mdn</i> | <i>U</i> | <i>z</i> | <i>r</i> |
|------------------------|------------|------------|----------|----------|----------|
|                        | SR(C)      | CM(P)      |          |          |          |
| SS Thought Disorder    | 62.00      | 45.00      | 834.50   | -.58     | -.06     |
| CC Major Depression    | 57.00      | 37.50      | 877.50   | -.21     | -.02     |
| PP Delusional Disorder | 30.00      | 30.00      | 889.00   | -.11     | -.01     |

\* Significant difference at  $p \leq .002$  (Bonferroni adjustment from  $p < .05$ )

*programmes*

## Summary

Overall there were no statistically significant differences in the scores on either the CTS2 or the MCMI-III when the offending men were split into those who were court mandated through probation to treatment and those who were self-referred to community programmes. Previous research (Bowen and Gilchrist 2004, Dutton and Starzomski 1994) has identified that these groups may have different characteristics. However this was not seen in this study where both groups were combined into one sample.

*Appendix 7: Response bias for all participants and comparisons between desisters, persisters and controls*

*Analysis of response bias for whole group*

An examination of social desirability was undertaken due to the sensitive nature of the characteristics being measured and examined. Spearman's rho correlation coefficients generally revealed strong negative correlations between social desirability and scorings on the MMI-III subscales, the majority of which were statistically significant.

For the scales that measure personality style all correlations were significant except for antisocial. The correlations were all negative except for histrionic, narcissistic and compulsive as seen in Table A7.1.

*Table A7.1: Correlations between social desirability and personality styles*

| Subscale                             | $r_s$ |
|--------------------------------------|-------|
| 1 Schizoid                           | -.67* |
| 2A Avoidant                          | -.80* |
| 2B Depressive                        | -.64* |
| 3 Dependent                          | -.54* |
| 4 Histrionic                         | .80*  |
| 5 Narcissistic                       | .53*  |
| 6A Antisocial                        | -.24  |
| 6B Sadistic (Aggressive)             | -.28* |
| 7 Compulsive                         | .51*  |
| 8A Negativistic (Passive Aggressive) | -.50* |
| 8B Masochistic (Self-Defeating)      | -.67  |

\* Significant difference at  $p \leq .002$  (Bonferroni adjustment from  $p < .05$ )

In addition, significant negative correlations were observed between social desirability and all the scales measuring personality dysfunction (see Table A7.2).

*Table A7.2: Correlations between social desirability and personality dysfunctions*

| Subscale      | $r_s$ |
|---------------|-------|
| S Schizotypal | -.62* |
| C Borderline  | -.53* |
| P Paranoid    | -.50* |

\* Significant difference at  $p \leq .002$  (Bonferroni adjustment from  $p < .05$ )

Negative correlations were also observed between social desirability and clinical syndromes, although as seen in table A7.3, this was not significant for bipolar and drug dependency but significant for the remaining five scales.

*Table A7.3: Correlations between social desirability and clinical syndromes*

| Subscale                | $r_s$ |
|-------------------------|-------|
| A Anxiety               | -.58* |
| H Somatoform            | -.48* |
| N Bipolar: Manic        | -.06  |
| D Dysthymia             | -.61* |
| B Alcohol Dependence    | -.29* |
| T Drug Dependence       | -.16  |
| R Post Traumatic Stress | -.51* |

\* Significant difference at  $p \leq .002$  (Bonferroni adjustment from  $p < .05$ )

Finally, significant negative correlations were observed between desirability and severe clinical syndromes as demonstrated in Table A7.4

Table A7.4: *Correlations between social desirability and severe clinical syndromes*

| Subscale               | $r_s$ |
|------------------------|-------|
| SS Thought Disorder    | -.55* |
| CC Major Depression    | -.53* |
| PP Delusional Disorder | -.27* |

\* Significant difference at  $p \leq .002$  (Bonferroni adjustment from  $p < .05$ )

#### *Response bias comparisons between controls, desisters and persisters*

Comparisons of the three response bias scores were then made between the controls desisters and persister to determine if group was related to over- or under-reporting of personality traits and clinical syndromes. Kruskal-Wallis tests revealed that group had a significant effect on all the response bias scores. This is shown in Table A7.5: The median scores increased from controls, to desisters to persisters, for disclosure and debasement, but the median score decreased from controls, to desisters to persisters, for desirability suggesting a trend of over-reporting by the persisters and under-reporting by the controls.

*Table A7.5: Kruskal-Wallis comparisons of response bias scores for controls, desisters and persisters*

| Subscale       | <sup>Δ</sup> Group | Median | <i>H</i> (2) | <i>r</i> |
|----------------|--------------------|--------|--------------|----------|
| X Disclosure   | C                  | 33.00  | 51.32*       | .64      |
|                | D                  | 49.00  |              |          |
|                | P                  | 68.50  |              |          |
| Y Desirability | C                  | 68.00  | 21.23*       | .36      |
|                | D                  | 67.00  |              |          |
|                | P                  | 53.00  |              |          |
| Z Debasement   | C                  | 18.00  | 48.41*       | .62      |
|                | D                  | 40.00  |              |          |
|                | P                  | 62.00  |              |          |

<sup>Δ</sup>Group: C = Controls, D = Desisters, P = Persisters

\* Significant difference at  $p \leq .017$  (Bonferroni adjustment from  $p < .05$ )

Post Hoc Mann-Whitney comparisons, revealed no significant differences in desirability between controls and desisters, but significant differences in disclosure and debasement (see Table A7.6).

*Table A7.6: Mann-Whitney comparisons of response bias scores for controls and desisters*

| Subscale       | <i>U</i> | <i>z</i> | <i>r</i> |
|----------------|----------|----------|----------|
| X Disclosure   | 330.00   | -5.03*   | -.54     |
| Y Desirability | 891.50   | -.132    | -.01     |
| Z Debasement   | 531.50   | -3.33*   | -.35     |

\* Significant difference at  $p \leq .017$  (Bonferroni adjustment from  $p < .05$ )

Significant differences were observed between controls and persisters across all of the three response bias scales (Table A7.7).

*Table A7.7: Mann-Whitney comparisons of response bias scores for controls and persisters*

| Subscale       | <i>U</i> | <i>z</i> | <i>r</i> |
|----------------|----------|----------|----------|
| X Disclosure   | 314.50   | -6.37*   | -.64     |
| Y Desirability | 622.50   | -4.23*   | -.43     |
| Z Debasement   | 320.00   | -6.39*   | -.64     |

\* Significant difference at  $p \leq .017$  (Bonferroni adjustment from  $p < .05$ )

Significant differences were also observed between desisters and persisters on the three response bias scales (Table A7.8)

*Table A7.8: Mann-Whitney comparisons of response bias scores for desisters persisters*

| Subscale       | <i>U</i> | <i>z</i> | <i>r</i> |
|----------------|----------|----------|----------|
| X Disclosure   | 541.00   | -3.30*   | -.35     |
| Y Desirability | 511.00   | -3.56*   | -.38     |
| Z Debasement   | 413.50   | -4.40*   | -.47     |

\* Significant difference at  $p \leq .017$  (Bonferroni adjustment from  $p < .05$ )

## Summary

It was the controls as a group who overall based on the three response scores presented with an emphasis responding in a socially desirable manner. In addition, group comparisons revealed that statistically significant differences were found in response bias on all of the three scales (disclosure, desirability and debasement) between the controls and persisters, and the desisters and persisters, with the controls as a group again presenting themselves in a more favourable light. The persisters were more open in their reporting. This suggests that the persisters either responded more accurately, or are unable to identify and select the socially desirable responses. The controls, however, were more guarded with their reporting.



*Appendix 8: Comparisons of CTS2 subscales between desisters, persisters and controls*

It was predicted that group would have a significant effect on the five subscales measured using the CTS2. Kruskal-Wallis tests revealed that group had a significant effect on all the subscales except negotiation (see Table A8.1).

*Table A8.1: Kruskal-Wallis comparisons between controls, desisters and persisters on CTS2*

| Factor                   | <i>H</i> (2) | <i>r</i> |
|--------------------------|--------------|----------|
| Negotiation              | 7.03         | .15      |
| Psychological Aggression | 64.99*       | .63      |
| Physical Assault         | 119.06*      | .83      |
| Injury                   | 38.21*       | .48      |
| Sexual Coercion          | 8.16*        | .19      |

\* Significant difference at  $p \leq .01$  (Bonferroni adjustment from  $p < .05$ )

Post-hoc Mann-Whitney comparisons were used to analyse the use of violence between each group. There were no significant differences (significant difference at  $p \leq .017$  due to Bonferroni adjustment for multiple testing) between the scores on the scales in the CTS2 between the controls and desisters as seen in Table A8.2. Physical assault was not included because in line with the scoring criteria both of the groups scored 0 for this scale.

*Table A8.2: Mann-Whitney comparisons of the CTS2 factors between controls and desisters*

| Factor                   | <i>U</i> | <i>z</i> | <i>r</i> |
|--------------------------|----------|----------|----------|
| Negotiation              | 794.50   | -.98     | -.10     |
| Psychological Aggression | 852.50   | -.48     | -.05     |
| Injury                   | 882.00   | -1.15    | -.12     |
| Sexual Coercion          | 866.00   | -.67     | -.07     |

\* Significant difference at  $p \leq .017$  (Bonferroni adjustment from  $p < .05$ )

Controls and persisters differed significantly from each other on three of the five factors as seen in Table A8.3

*Table A8.3: Mann-Whitney comparisons of the CTS2 factors between controls and persisters*

| <i>Factor</i>                   | <i>U</i> | <i>z</i> | <i>r</i> |
|---------------------------------|----------|----------|----------|
| <i>Negotiation</i>              | 963.50   | -1.83    | -.18     |
| <i>Psychological Aggression</i> | 182.00   | -7.31*   | -.74     |
| <i>Physical Assault</i>         | 49.00    | -8.86*   | -.89     |
| <i>Injury</i>                   | 710.50   | -5.04    | -.51     |
| <i>Sexual Coercion</i>          | 1018.50  | -2.02    | -.20     |

\* Significant difference at  $p \leq .017$  (Bonferroni adjustment from  $p < .05$ )

The results presented in Table A8.3 show that the persisters reported more psychological aggression, physical assault and injury than the controls. For the remaining two factors (negotiation and sexual coercion) the persisters and controls did not differ significantly in their scores.

A final comparison between the desisters and persisters revealed a significant difference on all five factors as seen in Table A8.4. On all the subscales reported in Table A8.4 the persisters' scores were all higher than the scores of the desisters.

*Table A8.4: Mann-Whitney comparisons of the CTS2 factors between desisters and persisters*

| <i>Factor</i>                   | <i>U</i> | <i>z</i> | <i>r</i> |
|---------------------------------|----------|----------|----------|
| <i>Negotiation</i>              | 635.00   | -2.49*   | -.27     |
| <i>Psychological Aggression</i> | 192.00   | -6.30    | -.68     |
| <i>Physical Assault</i>         | 37.00    | -8.00*   | -.86     |
| <i>Injury</i>                   | 563.00   | -4.07*   | -.44     |
| <i>Sexual Coercion</i>          | 719.50   | -2.49*   | -.27     |

\* Significant difference at  $p \leq .017$  (Bonferroni adjustment from  $p < .05$ )

## Summary

Group had a statistically significant effect on four of the subscales (psychological aggression, physical assault, injury and sexual coercion) and trend analysis revealed higher median scores for the persisters, then desisters, then controls; that is more evidence of the behaviours in the persisters. However no significant differences were found in relation to negotiation. Post hoc analysis revealed that the controls and desisters did not differ significantly in all five scales based on their behaviours for the past year. However the desisters and persisters had significant differences on all five of the subscales suggesting that for the past year across different types of IPV the persisters evidenced a greater range and use of these behaviours. These findings suggest that the three groups were correctly identified; the extent of physical violence was significantly greater for the persisters compared to the other two groups. Furthermore, no other significant forms of IPV were reported by the controls and the desisters for the year prior to participation in this study.

*Appendix 9: Comparisons of clinically significant scores with three other reported samples*

In the tables below, the relative percentages of offenders (i.e., both desisters and persisters combined) in the current sample with clinically significant MCMI-III scales have been listed. For comparison, the corresponding percentages for the samples of men who were just entering treatment for IPV and studied by Gondolf (1999), Gibbons, Collins and Reid (2011), along with the percentages for the psychiatric sample used to develop MCMI-III (Millon 1994).

In Table A9.1, the percentages for personality style are reported and these show that relative to the other samples, the men who took part in the current study had the highest rates of antisocial personality pattern but the lowest rates of passive aggressive. However on all other subscales the percentages fell in between the highest and lowest scores found in the comparison group.

*Table A9.1: Percentages of significant scales (BR>74) on MCMI-III personality styles: Four samples*

| Subscale                             | Gondolf<br>(1999)<br>(n = 828) | Gibbons<br>(2011)<br>(n = 177) | Millon<br>(1994)<br>(n = 600) | Current<br>Study<br>(n = 87) |
|--------------------------------------|--------------------------------|--------------------------------|-------------------------------|------------------------------|
| 1 Schizoid                           | 15.0                           | 19.0                           | 19.0                          | 13.8                         |
| 2A Avoidant                          | 17.0                           | 33.0                           | 27.0                          | 24.1                         |
| 2B Depressive                        | 19.0                           | 38.0                           | 36.0                          | 31.0                         |
| 3 Dependent                          | 17.0                           | 29.0                           | 48.0                          | 27.6                         |
| 4 Histrionic                         | 5.0                            | 5.0                            | 21.0                          | 16.1                         |
| 5 Narcissistic                       | 25.0                           | 11.0                           | 21.0                          | 14.9                         |
| 6A Antisocial                        | 19.0                           | 28.0                           | 17.0                          | 31.1                         |
| 6B Sadistic (Aggressive)             | 9.0                            | 25.0                           | 4.0                           | 12.6                         |
| 7 Compulsive                         | 10.0                           | 3.0                            | 21.0                          | 5.7                          |
| 8A Negativistic (Passive Aggressive) | 24.0                           | 43.0                           | 27.0                          | 18.4                         |
| 8B Masochistic (Self-Defeating)      | 10.0                           | 23.0                           | 30.0                          | 18.4                         |

In relation to personality dysfunction the men in current study had higher percentages of clinically relevant scores for all three personality dysfunction subscales compared with the reported samples that used IPV groups, and higher rates for two of the three scales (borderline and paranoid) compared to the Millon test sample (Table A9.2).

*Table A9.2: Percentages of significant scales (BR>74) on MCMI-III personality dysfunctions: Four samples*

| Subscale      | Gondolf<br>(1999)<br>( <i>n</i> = 828) | Gibbons<br>(2011)<br>( <i>n</i> = 177) | Millon<br>(1994)<br>( <i>n</i> = 600) | Current<br>Study<br>( <i>n</i> = 87) |
|---------------|--|--|---------------------------------------|--------------------------------------|
| S Schizotypal | 3.0                                    | 5.0                                    | 13.0                                  | 9.2                                  |
| C Borderline  | 7.0                                    | 29.0                                   | 28.0                                  | 31.0                                 |
| P Paranoid    | 10.0                                   | 8.0                                    | 13.0                                  | 16.1                                 |

For clinical syndromes, the rates of clinically significant drug dependency scales are the highest in the current study, although similar levels of clinically significant alcohol rates are seen with one of the reported samples (Gibbons, Collins and Reid 2011) that also examined IPV men. Again on all other subscales the scores from the current study generally fall between the highest and lowest scores found in the three reported samples used. This is seen in Table A9.3.

*Table A9.3: Percentages of significant scales (BR>74) on MCMI-III clinical syndromes: Four samples*

| Subscale                | Gondolf<br>(1999)<br>( <i>n</i> = 828) | Gibbons<br>(2011)<br>( <i>n</i> = 177) | Millon<br>(1994)<br>( <i>n</i> = 600) | Current<br>Study<br>( <i>n</i> = 87) |
|-------------------------|--|--|---------------------------------------|--------------------------------------|
| A Anxiety               | 39.0                                   | 59.0                                   | 62.0                                  | 52.9                                 |
| H Somatoform            | 1.0                                    | 3.0                                    | 16.0                                  | 4.6                                  |
| N Bipolar: Manic        | 4.0                                    | 6.0                                    | 9.0                                   | 25.3                                 |
| D Dysthymia             | 13.0                                   | 37.0                                   | 36.0                                  | 19.5                                 |
| B Alcohol Dependence    | 26.0                                   | 39.0                                   | 12.0                                  | 37.0                                 |
| T Drug Dependence       | 7.0                                    | 14.0                                   | 8.0                                   | 31.0                                 |
| R Post Traumatic Stress | 4.0                                    | 8.0                                    | 9.0                                   | 8.0                                  |

Finally, the men in the current study, relative to the other samples had higher rates of clinically significant scales for two of the severe clinical syndromes (major depression and delusional disorder). This has been presented in Table A9.4.

*Table A9.4: Percentages of significant scales (BR>74) on MCMI-III severe clinical syndromes: Four samples*

| Subscale               | Gondolf<br>(1999)<br>( <i>n</i> = 828) | Gibbons<br>(2011)<br>( <i>n</i> = 177) | Millon<br>(1994)<br>( <i>n</i> = 600) | Current<br>Study<br>( <i>n</i> = 87) |
|------------------------|--|--|---------------------------------------|--------------------------------------|
| SS Thought Disorder    | 4.0                                    | 5.0                                    | 9.0                                   | 5.7                                  |
| CC Major Depression    | 11.0                                   | 10.0                                   | 22.0                                  | 34.5                                 |
| PP Delusional Disorder | 5.0                                    | 3.0                                    | 3.0                                   | 8.0                                  |

### Summary

The findings indicate that the prevalence of clinically significant scores from the sample in the current study, in comparison to the other reported samples fall in between the prevalence rates previously reported. Therefore in some cases less pathology is seen; yet more pathology is also evidenced in the sample in the current study across certain subscales. For example, of note in the current sample were the percentages for antisocial and major depression that were much higher than those found in all of the other three samples. Generally the prevalence rates are more consonant with the participants examined by Gibbons, Collins and Reid (2011) and Millon (1994) psychiatric patients than those studied by Gondolf (1999) whose percentages of clinically relevant scores were on the whole much lower.

## Appendix 10: Analytical strategy for Thematic Analysis

The process followed for thematic analysis was informed by Braun and Clarke (2006) and Attride-Stirling (2001). The recommended stages to be followed, and an overview of how this was executed is presented in Table A10.1.

Table A10.1: Analytical strategy used and process followed for Thematic Analysis

| Stage <sup>1</sup> | Overview of process followed <sup>1</sup> | Step by step summary of analysis <sup>2</sup>  |
|--------------------|---|--|
| Reduction of text  | Step 1: Code data                         |  |
|                    | (i) Transcribe data verbatim              | (i) Data transcribed manually and verbatim.  |
|                    | (ii) Read and re-read transcripts         | (ii) Transcripts read through then re-read several times. If meaning was indistinct researcher referred back to the recordings to clarify. Data was exported to NVivo software.  |
|                    | (iii) Coding - inductive and deductive    | <p>(iii) The deductive coding was completed first and the raw codes used were informed from the findings in the literature reviews (Chapters 1-3). Data was coded if it related to: social factors, self-control, internal /external change, agency influence, type (frequency and severity) of violence, triggers and turning points and individual characteristics Inductive coding was then completed and codes were derived on the basis of recurrent issues regarding IPV and cessation of the behaviour. This involved identifying common concepts, ideas, and features in the data. This process was general to start with to achieve an overview of what was being captured in the data.</p> <p>The two foci (inductive /deductive coding) were integrated so that the most salient ideas were identified and made in to a set of codes discrete enough to warrant keeping and global enough to be meaningful.</p> <p>The transcripts were organised and classified according to these codes. For example the code <i>minimising violence</i> included text segments such as 'you've got nothing broken so.. it's not that bad,' and the code <i>external trigger</i> included the text segment 'it was the fear of getting arrested that stopped me from hitting her.' This was conceptual at this stage and a quotation could be classified under more than one code</p> |

<sup>1</sup> This represents an overview of the stages required as recommended by Braun and Clarke (2006) and Attride-Stirling (2001)

<sup>2</sup> This represents how the recommended stages were developed and executed in the current thesis

Table A10.1 continued

| Stage             | Overview of process followed           | Step by step summary of analysis  |
|-------------------|--|---|
| Reduction of text | Step 2: Identify themes                | After the initial coding the transcripts were all coded a second time to check if any codes found latterly were not also in the first transcripts coded. The end result was 73 initial codes; these codes, the associated number of sources from where they came and the number of references attached to each are found in Appendix 11.  |
|                   | (i) Sort codes into potential theme    | (i) The codes were grouped into 5 clusters, background, type of violence used, understanding violence, triggers for desistance and behaviour change. All the codes were re-read. Background was not developed, as this was not seen as a theme but contextual factual information. From the 73 codes and over 1700 text segments 71 themes were developed within the 4 remaining clusters. Commonalities, differences, and contradictions were examined across all interviews. Precedence was given to common themes found across all of the four different interview groups. |
|                   | (ii) Refine themes                     | (ii) Sub-themes were then developed to refine the basic themes. This resulted in 36 basic themes and 38 sub-themes, e.g. the basic theme life stressors had 5 sub-themes (family, day to day, financial, childhood and work).   |
|                   | Step 3: Construct thematic networks    |   |
|                   | (i) Arrange themes                     | Steps (i) – (vi): Basic themes were assembled into 14 groups based on conceptual correspondence and interpreted as organising themes.   |
|                   | (ii) Select basic themes               | The underlying issues that were being identified were encapsulated in the name of the organising theme e.g. <i>external</i> and <i>internal triggers</i> were attached to the organising theme <i>triggers that initiate transitions</i> .  |
|                   | (iii) Cluster basic themes             |   |
|                   | (iv) Identify global themes            | The last phase of the process included unifying the organising themes in to global themes, which summarised the main propositions of the 14 organising themes and their associated basic themes and sub-themes.   |
|                   | (v) Arrange thematic networks          |   |
|                   | (vi) Vary and refine thematic networks |   |



Table A10.1 continued

| Stage              | Overview of process followed  | Step by step summary of analysis   |
|--------------------|---|--|
|                    |   | <p>Five global themes were developed: <i>scope of violence</i>, <i>rationale for using violence</i>, <i>catalyst for change</i>, <i>pathways to change</i> and <i>barriers to change</i>. These were superordinate themes that encapsulated the principal metaphors in the data as a whole, e.g., the global theme <i>catalysts for change</i> was developed from the organising themes <i>triggers that initiate transitions</i> (made up of the basic themes of <i>accumulation of external triggers</i> and <i>internal triggers</i>) and <i>emotional states</i> (made up of basic themes <i>guilt</i> and <i>shame</i>).</p> <p>The five global themes developed and their associated organising themes and basic themes are found in Appendix 12. These were then illustrated as five thematic networks which are in Appendix 13.</p>  |
| Detailing the text | <p>Step 4: Describe and explore thematic networks</p> <p>(i) Define the thematic networks</p> <p>(ii) Explore the underlying patterns in the networks</p> | <p>(i) The contents of each network were described and this was supported with text segments. For example <i>rationale for why use violence</i> represents all the reasons that are used to explain why violence is in the individual's relationships. One of the organising themes related to this <i>behaviour is acceptable or justifiable</i> represents how individuals create a situation that either justifies a need to use violence or in effect creates it as understandable. One of the basic themes attached to this is <i>construct situation as non-abusive</i> which is defined as techniques that re-frame the situation so it is not seen as domestically violent. This level of definition was completed for all the networks.</p> <p>(ii) Returning to the original text and interpreting the patterns that underlie the themes, the networks were explored within the context of the process of desistance.</p> <p>This was done in order to develop a conceptual model. When the original text was returned to, it was not read in a linear manner but through the global, organising, and basic themes. Analysis was more in-depth at this stage by continually asking what must be the case for events to occur as they do, what patterns are seen that to explain the observed effects, and can meaning, reason, and motivation be identified? This process entailed constantly returning to the data, which meant some of the themes were refined and renamed as they were explored within the context of desistance.</p> |

Table A10.1 continue

| Stage                   | Overview of process followed            | Step by step summary of analysis  |
|-------------------------|---|---|
|                         |   | A conceptual model for desistance was developed; this was made up of 3 Global themes, 7 Organising themes and 34 basic themes and 27 sub-themes. This, their definitions and the number of sources and references associated with each theme is in Appendix 14. |
|                         | Step 5: Summarise the thematic networks | The framework that was made up of the thematic networks were summarised and represented diagrammatically and presented formally as the results in Chapter 6   |
| Integration of Findings | Step 6: Interpret patterns              | Interpretation of the patterns formed the discussion section of the chapter. The interpretations and integrations of the networks were used to answer the original aims of the chapter and the questions that were initially asked.                             |

## Appendix 11: Initial codes developed during Thematic Analysis

In Table A11.1 the initial nodes that were developed following the first stages of coding have been presented. In addition the number of sources (participants) and references (quotes) associated with each node is also included.

*Table A11.1: Initial raw codes developed and number of sources and references of each code*

| Parent Node        | Child Node  | Sources | References |
|--------------------|---|---------|------------|
| Achievements       |   | 0       | 0          |
|                    | Achievements Female                                 | 7       | 10         |
|                    | Achievements males                                  | 21      | 33         |
|                    | OM or Programme Tutor experience                    | 9       | 10         |
| Change             |   | 0       | 0          |
|                    | Accountability, responsibility, recognition         | 8       | 11         |
|                    | Acknowledge need help                               | 2       | 6          |
|                    | Agency change                                       | 14      | 29         |
|                    | Behavioural change                                  | 27      | 75         |
|                    | Changes made by partner                             | 7       | 11         |
|                    | Confidence in ability to change                     | 3       | 3          |
|                    | Conscious or unconscious change                     | 13      | 27         |
|                    | Engage with process                                 | 5       | 13         |
|                    | Group pressure influence or support                 | 14      | 32         |
|                    | Hard work or working at it                          | 20      | 49         |
|                    | Motivations to change                               | 7       | 19         |
|                    | Perspective change and self awareness               | 29      | 120        |
|                    | Positive feedback                                   | 11      | 25         |
|                    | Reflection  | 16      | 33         |
|                    | Situational changes                                 | 22      | 52         |
|                    | Strategies to not use violence                      | 20      | 50         |
|                    | Support to maintain change                          | 26      | 88         |
|                    | Willingness and desire to change                    | 15      | 30         |
|                    | Treatment   | 25      | 40         |
| Barriers to change |   | 18      | 38         |
|                    | Access to treatment or help                         | 15      | 22         |
|                    | Behaviour not abusive or is normal                  | 15      | 30         |
|                    | Getting away with it                                | 10      | 14         |
|                    | Getting what want from violence                     | 9       | 11         |
|                    | Not like them                                       | 5       | 6          |
|                    | Not taking responsibility, recognition or ownership | 34      | 106        |

Table A11.1 continued

| Parent Node                            | Child Node  | Sources | References |
|--|---|---------|------------|
| Barriers to change                     | Nothing to change                                   | 16      | 30         |
|  | Partners need to change not them                    | 13      | 23         |
|  | Partner's fault                                     | 11      | 14         |
|  | Resistance  | 2       | 4          |
|  | Scared  | 1       | 3          |
|  | Slipping back to violence forgetting new behaviours | 7       | 13         |
|  | Too much effort                                     | 6       | 10         |
|  | Unexplained   | 3       | 7          |
|  |   |         |            |
| Childhood                              |   | 18      | 40         |
| Communication issues                   |   | 22      | 47         |
| Feeling following use of violence      |   | 22      | 43         |
| Guilt and Shame                        |   | 21      | 35         |
| Minimising use of violence             |   | 21      | 47         |
| Miscellaneous                          |   | 17      | 24         |
| Relationships                          |   | 4       | 6          |
|  | Non-violent relationships                           | 17      | 41         |
| Sexual issues                          |   | 4       | 11         |
| Triggers for desistance turning points |   | 0       | 0          |
|  | External triggers                                   | 34      | 178        |
|  | Internal triggers                                   | 17      | 29         |

Table A11.1 continued

| Parent Node                   | Child Node   | Sources | References |
|-------------------------------|--|---------|------------|
| Understanding use of violence | Alcohol and Drugs                                  | 26      | 81         |
|                               | Bickering that escalates                           | 9       | 11         |
|                               | Can't remember                                     | 3       | 4          |
|                               | Don't see behaviour as abusive                     | 3       | 4          |
|                               | Female's individual attributes and characteristics | 12      | 51         |
|                               | Get what want                                      | 3       | 11         |
|                               | Loss of control                                    | 12      | 19         |
|                               | Patterns of behaviour                              | 28      | 63         |
|                               | Reactive violence or equal responsibility          | 19      | 48         |
|                               | Reasons for not using violence                     | 3       | 6          |
|                               | Men's individual attributes and characteristics    | 33      | 204        |
|                               | Normalising situation                              | 22      | 54         |
|                               | Justifying situation                               | 10      | 15         |
|                               | Not think about behaviour or consequences          | 8       | 12         |
|                               | Self as a victim blame partner or situation        | 31      | 169        |
|                               | Situational unrest                                 | 34      | 180        |
|                               | Unexplained triggers to violence                   | 8       | 13         |
| Violence in relationships     |  | 0       | 0          |
|                               | Physical violence females                          | 12      | 21         |
|                               | Physical violence males                            | 28      | 122        |
|                               | Psychological violence females                     | 7       | 13         |
|                               | Psychological violence males                       | 18      | 39         |
| Violence outside relationship |  | 26      | 76         |

*Appendix 12: Global themes, organising themes, basic themes and sub-themes developed for thematic networks*

Five thematic networks were initially developed for the data set. The following five tables (Table A12.1 – Table A12.5) present the themes that made up each thematic network and the associated number of sources (participants) and references that made up each global theme, organising theme, basic theme and sub-theme.

*Table A12.1 Global, organising and basic themes developed for thematic network 1 and number of sources and references for each theme*

| Global Theme      | Organising Theme                | Basic Theme                                | Sources | References |
|-------------------|---------------------------------|--|---------|------------|
| Scope of violence | Expression of violence: Females | Direct physical violence towards partner   | 10      | 14         |
|                   |                                 | Indirect physical violence towards partner | 7       | 13         |
|                   |                                 | Psychological violence                     | 3       | 3          |
|                   | Expression of violence: Males   | Direct physical violence towards partner   | 29      | 104        |
|                   |                                 | Indirect physical violence towards partner | 9       | 19         |
|                   |                                 | Displaced violence                         | 13      | 26         |
|                   |                                 | Physical violence towards non-intimate     | 24      | 64         |
|                   |                                 | Psychological violence                     | 18      | 39         |
|                   | Patterns of violence            | Cyclical                                   | 15      | 33         |
|                   |                                 | Escalation                                 | 14      | 21         |
|                   |                                 | Non-violent relationships                  | 17      | 41         |
|                   |                                 | Within and across relationships            | 9       | 12         |

*Table A12.2 Global, organising, basic and sub-themes developed for thematic network 2 and number of sources and references for each theme*

*Table A12.2 continued*



*Table A12.3 Global, organising basic and sub-themes developed for thematic network 3 and number of sources and references for each theme*

*Table A12.4 Global, organising basic and sub-themes developed for thematic network 4 and number of sources and references for each theme*

*Table A12.5 Global, organising basic and sub-themes developed for thematic network 5 and number of sources and references for each them*

*Table A12.5 continued*

*Appendix 13: Diagrams of thematic networks developed*

1











*Appendix 14: Definitions of themes in the conceptual model of desistance and the number of sources and references attached to each theme*

The final conceptual model was formed from the global themes, organising themes, basic themes and sub-themes that were identified in the data set. Table A14.1 presents all the themes, the definitions that were assigned to each theme and the number of sources (participants) and references that made up each theme.

*Table A14.1: Definition of global, organising, basic and sub-themes in conceptual model of desistance and number of sources and references for each theme*

*Table A14.1 continued*

*Table A14.1 continued*

*Table A14.1 continued*

*Table A14.1 continued*

*Table A14.1 continued*

*Table A14.1 continued*



*Table A14.1 continued*

|            |  |           |
|------------|--|-----------|
| <b>1.0</b> | <b>Chapter 1 Introduction</b>  | <b>1</b>  |
| <b>1.1</b> | <b>Intimate Partner Violence</b>   | <b>1</b>  |
| <b>1.2</b> | <b>Desistance</b>  | <b>8</b>  |
| <b>1.3</b> | <b>Conceptual frameworks</b>   | <b>12</b> |
| 1.3.1      | Population heterogeneity   | 12        |
| 1.3.2      | State dependence   | 21        |
| 1.3.3      | Population heterogeneity and state dependence  | 27        |
| 1.3.4      | Subjective and internal change   | 35        |
| <b>1.4</b> | <b>Discussion</b>  | <b>42</b> |
| <b>1.5</b> | <b>Research aims and questions</b>   | <b>46</b> |
| <b>1.6</b> | <b>Structure of the thesis</b>   | <b>47</b> |
| <b>2.0</b> | <b>Chapter 2: Desistance from violence</b>   | <b>49</b> |
| <b>2.1</b> | <b>Aims</b>  | <b>49</b> |
| <b>2.2</b> | <b>Psychological and criminological factors associated with desistance from violence: A review of the literature</b> | <b>49</b> |
| <b>2.3</b> | <b>Published article from Aggression and Violent Behavior</b>  | <b>50</b> |
| <b>3.0</b> | <b>Chapter 3: Desistance from IPV</b>  | <b>64</b> |
| <b>3.1</b> | <b>Aims</b>  | <b>64</b> |
| <b>3.2</b> | <b>Desistance from intimate partner violence: A critical review</b>  | <b>64</b> |
| <b>3.3</b> | <b>Published article from Aggression and Violent Behavior</b>  | <b>65</b> |
| <b>4.0</b> | <b>Chapter 4: General methodology</b>  | <b>75</b> |
| <b>4.1</b> | <b>Aims</b>  | <b>75</b> |
| <b>4.2</b> | <b>Overarching research design</b>   | <b>75</b> |
| 4.2.1      | Mixed methodology  | 75        |
| 4.2.2      | Rationale for quantitative analysis  | 76        |
| 4.2.3      | Rationale for qualitative methodology  | 77        |
| <b>4.3</b> | <b>Participants</b>  | <b>79</b> |
| <b>4.4</b> | <b>Measures</b>  | <b>83</b> |
| 4.4.1      | Defining, operationalising, and measuring desistance from IPV  | 83        |
| 4.4.2      | The Revised Conflict Tactic Scale  | 87        |

|            |  |            |
|------------|--|------------|
| 4.4.3      | The Millon Clinical Multiaxial Inventory III   | 88         |
| 4.5        | Procedure  | 92         |
| 4.6        | Epistemological position   | 96         |
| 4.7        | Conclusion   | 100        |
| <b>5.0</b> | <b>Chapter 5: A comparison study to examine the differences in psychological characteristics of IPV desisters, persisters and those who have not used violence in a relationship</b> | <b>101</b> |
| 5.1        | Aims   | 101        |
| 5.2        | Introduction to study  | 101        |
| 5.3        | Analytical strategy  | 108        |
| 5.3.1      | Data screening   | 108        |
| 5.3.2      | Inferential analysis and results   | 112        |
| 5.4        | Discussion   | 137        |
| <b>6.0</b> | <b>Chapter 6: The process of desistance from IPV: A conceptual model</b>   | <b>148</b> |
| 6.1        | Aims   | 148        |
| 6.2        | Introduction   | 148        |
| 6.3        | Participants   | 155        |
| 6.4        | Analytical strategy  | 155        |
| 6.5        | Results and evaluation   | 158        |
| 6.5.1      | Conceptual model   | 158        |
| 6.5.2      | The cycle of lifestyle behaviours (violent): 'Old way of being'  | 162        |
| 6.5.3      | Catalysts for change   | 191        |
| 6.5.4      | The cycle of lifestyle behaviours (non-violent): 'New way of being'  | 206        |
| 6.6        | Summary  | 234        |
| <b>7.0</b> | <b>Chapter 7: General discussion</b>   | <b>235</b> |
| 7.1        | Aims   | 235        |
| 7.2        | Summary of results   | 235        |
| 7.3        | Synthesis of results: An integrated model  | 238        |
| 7.4        | Limitations  | 244        |
| 7.5        | Implications of findings for future research and intervention  | 247        |

|            |                                      |            |
|------------|--------------------------------------|------------|
| 7.5.1      | Future research                      | 247        |
| 7.5.2      | Offender assessment and intervention | 250        |
| <b>7.6</b> | <b>Conclusion</b>                    | <b>255</b> |
| <b>8.0</b> | <b>References</b>                    | <b>258</b> |

### *Appendix 1: Definitions and measurements of desistance*

It was identified in Chapter 4 that there is a substantial degree of variability in the conceptualisation of desistance used, across various types of offending. An overview of the extent of this variability is presented in Table A1.1 and exemplifies the very different time frames and quantifiable variables that have been used by different researchers.

*Table A1.1 Definition and measurements used for desistance across studies*

| Study  | Type of Offending Examined   | Definition  |
|--|--|---|
| Applegate, Surette and McCarthy (1999)                         | Felony, misdemeanour arrests, violations of release                            | Arrest within an 18 month period following release from prison  |
| Ayers, Williams, Hawkins, Peterson, Catalano and Abbott (1999) | Delinquency  | Recoded offence at time 1 (age 12-13) but then no recorded offence between time 1 and time 2 (age 14-15)                    |
| Beaver, Wright, DeLisi and Vaughn (2008)                       | Delinquency  | Self reported non-offending for 1 year  |
| Bushway, Thornberry and Krohn (2003)                           | Serious delinquency  | Conviction before 18 then no conviction after 18  |
| Farrington and Hawkins (1991)                                  | Delinquency  | Conviction at age 21 but not between ages 21 and 32   |
| Farrington and Wilkstrom (1994)                                | Various offences including, stealing, violence, vandalism, fraud and narcotics | Age at the last officially recorded offence up to age 25  |
| Feld and Straus (1989)   | Intimate partner violence  | 1 year no intimate partner violence based on self or partner report   |
| Gordis, Margolin and Vickerman (2005)                          | Intimate partner violence  | 18 months no intimate partner violence based on self and partner report   |
| Gunnison and Mazerolle (2007)                                  | Delinquency (minor and serious)  | 3 years based on self report  |
| Hanson (2002, 2006)  | Sex offending  | Analysis of variety of samples and based on convictions and charges from follow up information from between 2 and 23 years. |
| Knight, Osborn and West (1977)                                 | Delinquency  | Self-report delinquency over a 2 year follow up period  |
| Kreager, Matsueda and Erosheva (2010)                          | Delinquency  | Self-report delinquency over a 10 year follow up period   |

Table A1.1 continued

| Study   | Type of Offending Examined   | Definition   |
|---|--|--|
| Haggård, Gumpert and Grann (2001)                                       | High risk violent offenders  | During the follow up period, no reconviction in the previous 10 years  |
| Johnson (2003)  | Intimate partner violence  | 1 year based on self-report  |
| Kruttschnitt, Uggen and Shelton (2000)                                  | Sex offenders  | Absence of new officially recorded offenses or probation violation or absence of new personal offending throughout a 2 year period   |
| Laub and Sampson (2001)   | Delinquency  | Absence of arrest (follow up to age 70)  |
| LeBel, Burnett, Maruna and Bushway (2008)                               | Mainly property crimes and some additional unspecified offending   | No further criminal convictions in entire 10 year follow up; also no re-imprisonment in 10 year follow up  |
| Lodewijks, de Ruiter and Doreleijers (2010)                             | Violent  | 18 months based on official data   |
| Loeber Strouthamer-Loeber, van Kammen and Farrington (1991)             | Delinquency  | Offending history at screening then no self-report offending in the 3 follow-up interviews (18 month period)   |
| Loeber, Pardini, Strouthamer-Loeber and Raine (2007)                    | Delinquency (moderate and serious)   | Individuals who engage in moderate/serious delinquency in early adolescence (over four years aged 13-16) but refrained from moderate/serious delinquency in during late adolescence (3 years age 17-19) based on self reports  |
| Maruna (2001)   | Variety of offending although mostly drug related and property   | Individuals who claim to be long-term habitual offenders, who claim they will not commit crimes in the future and who self-report at least 1 year crime free behaviour   |
| Massoglia and Uggen (2007)  | Delinquency  | <i>Subjective desistance:</i> Compared to 5 years ago do you think you do more, less or about the same amount of these (criminal) activities<br><i>Reference desistance:</i> compared to other people of your age do you think you do more, less or about the same amount of these (criminal) activities<br><i>Behavioural desistance:</i> Moderation or cessation of self-report drunk driving, theft, and violence in past 3 years<br><i>Official desistance:</i> zero arrests in the past three years |
| Mulvey, Steinberg, Piquero, Besana, Fagan, Schubert and Cauffman (2010) | Various offending including crime against the person, property offences, drug offences and weapon offences | Self-reports of offending behaviour during a three year follow-up period following adjudication  |

*Table A1.1 continued*

| Study                               | Type of Offending Examined                             | Definition   |
|-------------------------------------|--|--|
| Quimet and Le Blanc (1996)          | Delinquency  | Retrospective self reporting of criminality between 18 and 31  |
| Paternoster and Mazerolle (1994)    | Delinquency  | Self report delinquency over a 1 year period   |
| Piquero, Moffitt and Wright (2007)  | Delinquency  | Conviction during the juvenile period (prior to age 18) but no conviction between 18 and 26  |
| Quigley and Leonard (1996)          | Intimate partner violence                              | No self-report and partner report of violence in years 2 and 3 of marriage following violence in year 1  |
| Sampson and Laub (1993)             | Delinquency  | Juvenile delinquents who were not arrested as adults   |
| Sampson and Laub (2003)             | Delinquency  | Absence of arrest (follow-up to age 70)  |
| Savolainen (2009)                   | Felony   | No new convictions in follow-up period of 5 years  |
| Scott and Wolfe (2000)              | Intimate partner violence                              | Attending an advanced treatment group, judged by primary counsellors to have made significant and lasting changes in their abusive behaviour (Minimum of six months) and partner-report of no incidents of physical or extreme psychological abuse for at least 6 months |
| Shover and Thompson (1992)          | Felony   | No arrests in the 36 months following release from prison  |
| Uggen and Kruttschnitt (1998)       | Various offences including robbery, burglary and theft | Behavioural desistance: Absence of self-reported illegal earnings during a three year follow up period<br>Official desistance: No arrests during a three year follow up period   |
| van der Geest and Bijleveld (2008)  | Delinquency  | 5 years based on reconvictions from official data  |
| Warr (1998)                         | Delinquency  | Individuals who did not report having committed any offences in the past year  |
| Woffordt, Mihalic and Menard (1994) | Intimate partner violence                              | Absence of marital violence at time 2 given violence at time 1 (3 years difference between T1 and T2)  |

## Appendix 10: Analytical strategy for Thematic Analysis

The process followed for thematic analysis was informed by Braun and Clarke (2006) and Attride-Stirling (2001). The recommended stages to be followed, and an overview of how this was executed is presented in Table A10.1.

Table A10.1: Analytical strategy used and process followed for Thematic Analysis

| Stage <sup>1</sup> | Overview of process followed <sup>1</sup> | Step by step summary of analysis <sup>2</sup>   |
|--------------------|---|---|
| Reduction of text  | Step 1: Code data                         |   |
|                    | (i) Transcribe data verbatim              | (i) Data transcribed manually and verbatim.   |
|                    | (ii) Read and re-read transcripts         | (ii) Transcripts read through then re-read several times. If meaning was indistinct researcher referred back to the recordings to clarify. Data was exported to NVivo software.   |
|                    | (iii) Coding - inductive and deductive    | (iii) The deductive coding was completed first and the raw codes used were informed from the findings in the literature reviews (Chapters 1-3). Data was coded if it related to: social factors, self-control, internal /external change, agency influence, type (frequency and severity) of violence, triggers and turning points and individual characteristics. Inductive coding was then completed and codes were derived on the basis of recurrent issues regarding IPV and cessation of the behaviour. This involved identifying common concepts, ideas, and features in the data. This process was general to start with to achieve an overview of what was being captured in the data.<br><br>The two foci (inductive /deductive coding) were integrated so that the most salient ideas were identified and made in to a set of codes discrete enough to warrant keeping and global enough to be meaningful.<br><br>The transcripts were organised and classified according to these codes. For example the code <i>minimising violence</i> included text segments such as 'you've got nothing broken so.. it's not that bad,' and the code <i>external trigger</i> included the text segment 'it was the fear of getting arrested that stopped me from hitting her.' This was conceptual at this stage and a quotation could be classified under more than one code.<br><br>After the initial coding the transcripts were all coded a second time to check if any codes found latterly were not also in the first transcripts coded. The end result was 73 initial codes; these codes, the associated number of sources from where they came and the number of references attached to each are found in Appendix 11. |

<sup>1</sup> This represents an overview of the stages required as recommended by Braun and Clarke (2006) and Attride-Stirling (2001)

<sup>2</sup> This represents how the recommended stages were developed and executed in the current thesis



Table A10.1 continued

| Stage             | Overview of process followed           | Step by step summary of analysis   |
|-------------------|--|--|
| Reduction of text | Step 2: Identify themes                |  |
|                   | (i) Sort codes into potential theme    | (i) The codes were grouped into 5 clusters, background, type of violence used, understanding violence, triggers for desistance and behaviour change. All the codes were re-read. Background was not developed, as this was not seen as a theme but contextual factual information. From the 73 codes and over 1700 text segments 71 themes were developed within the 4 remaining clusters. Commonalities, differences, and contradictions were examined across all interviews. Precedence was given to common themes found across all of the four different interview groups.  |
|                   | (ii) Refine themes                     | (ii) Sub-themes were then developed to refine the basic themes. This resulted in 36 basic themes and 38 sub-themes, e.g. the basic theme life stressors had 5 sub-themes (family, day to day, financial, childhood and work).  |
|                   | Step 3: Construct thematic networks    |  |
|                   | (i) Arrange themes                     | Steps (i) – (vi): Basic themes were assembled into 14 groups based on conceptual correspondence and interpreted as organising themes.  |
|                   | (ii) Select basic themes               | The underlying issues that were being identified were encapsulated in the name of the organising theme e.g. <i>external</i> and <i>internal triggers</i> were attached to the organising theme <i>triggers that initiate transitions</i> .   |
|                   | (iii) Cluster basic themes             |  |
|                   | (iv) Identify global themes            | The last phase of the process included unifying the organising themes in to global themes, which summarised the main propositions of the 14 organising themes and their associated basic themes and sub-themes.  |
|                   | (v) Arrange thematic networks          |  |
|                   | (vi) Vary and refine thematic networks | Five global themes were developed: <i>scope of violence</i> , <i>rationale for using violence</i> , <i>catalyst for change</i> , <i>pathways to change</i> and <i>barriers to change</i> . These were superordinate themes that encapsulated the principal metaphors in the data as a whole, e.g., the global theme <i>catalysts for change</i> was developed from the organising themes <i>triggers that initiate transitions</i> (made up of the basic themes of <i>accumulation of external triggers</i> and <i>internal triggers</i> ) and <i>emotional states</i> (made up of basic themes <i>guilt</i> and <i>shame</i> ). |
|                   |  | The five global themes developed and their associated organising themes and basic themes are found in Appendix 12. These were then illustrated as five thematic networks which are in Appendix 13.   |

Table A10.1 continued

| Stage                   | Overview of process followed                         | Step by step summary of analysis  |
|-------------------------|--|---|
| Detailing the text      | Step 4: Describe and explore thematic networks       |   |
|                         | (i) Define the thematic networks                     | (i) The contents of each network were described and this was supported with text segments. For example <i>rationale for why use violence</i> represents all the reasons that are used to explain why violence is in the individual's relationships. One of the organising themes related to this <i>behaviour is acceptable or justifiable</i> represents how individuals create a situation that either justifies a need to use violence or in effect creates it as understandable. One of the basic themes attached to this is <i>construct situation as non-abusive</i> which is defined as techniques that re-frame the situation so it is not seen as domestically violent. This level of definition was completed for all the networks.   |
|                         | (ii) Explore the underlying patterns in the networks | (ii) Returning to the original text and interpreting the patterns that underlie the themes, the networks were explored within the context of the process of desistance.<br><br>This was done in order to develop a conceptual model. When the original text was returned to, it was not read in a linear manner but through the global, organising, and basic themes. Analysis was more in-depth at this stage by continually asking what must be the case for events to occur as they do, what patterns are seen that to explain the observed effects, and can meaning, reason, and motivation be identified? This process entailed constantly returning to the data, which meant some of the themes were refined and renamed as they were explored within the context of desistance.<br><br>A conceptual model for desistance was developed; this was made up of 3 Global themes, 7 Organising themes and 34 basic themes and 27 sub-themes. This, their definitions and the number of sources and references associated with each theme is in Appendix 14. |
|                         | Step 5: Summarise the thematic networks              | The framework that was made up of the thematic networks were summarised and represented diagrammatically and presented formally as the results in Chapter 6.  |
| Integration of Findings | Step 6: Interpret patterns                           | Interpretation of the patterns formed the discussion section of the chapter. The interpretations and integrations of the networks were used to answer the original aims of the chapter and the questions that were initially asked.   |

## Appendix 11: Initial codes developed during Thematic Analysis

In Table A11.1 the initial nodes that were developed following the first stages of coding have been presented. In addition the number of sources (participants) and references (quotes) associated with each node is also included.

*Table A11.1: Initial raw codes developed and number of sources and references of each code*

| Parent Node        | Child Node  | Sources | References |
|--------------------|---|---------|------------|
| Achievements       |   | 0       | 0          |
|                    | Achievements Female                                 | 7       | 10         |
|                    | Achievements males                                  | 21      | 33         |
|                    | OM or Programme Tutor experience                    | 9       | 10         |
| Change             |   | 0       | 0          |
|                    | Accountability, responsibility, recognition         | 8       | 11         |
|                    | Acknowledge need help                               | 2       | 6          |
|                    | Agency change                                       | 14      | 29         |
|                    | Behavioural change                                  | 27      | 75         |
|                    | Changes made by partner                             | 7       | 11         |
|                    | Confidence in ability to change                     | 3       | 3          |
|                    | Conscious or unconscious change                     | 13      | 27         |
|                    | Engage with process                                 | 5       | 13         |
|                    | Group pressure influence or support                 | 14      | 32         |
|                    | Hard work or working at it                          | 20      | 49         |
|                    | Motivations to change                               | 7       | 19         |
|                    | Perspective change and self awareness               | 29      | 120        |
|                    | Positive feedback                                   | 11      | 25         |
|                    | Reflection  | 16      | 33         |
|                    | Situational changes                                 | 22      | 52         |
|                    | Strategies to not use violence                      | 20      | 50         |
|                    | Support to maintain change                          | 26      | 88         |
|                    | Willingness and desire to change                    | 15      | 30         |
|                    | Treatment   | 25      | 40         |
| Barriers to change |   | 18      | 38         |
|                    | Access to treatment or help                         | 15      | 22         |
|                    | Behaviour not abusive or is normal                  | 15      | 30         |
|                    | Getting away with it                                | 10      | 14         |
|                    | Getting what want from violence                     | 9       | 11         |
|                    | Not like them                                       | 5       | 6          |
|                    | Not taking responsibility, recognition or ownership | 34      | 106        |

Table A11.1 continued

| Parent Node                            | Child Node   | Sources | References |
|--|--|---------|------------|
| Barriers to change                     | Nothing to change                                  | 16      | 30         |
|  | Partners need to change not them                   | 13      | 23         |
|  | Partner's fault                                    | 11      | 14         |
|  | Resistance   | 2       | 4          |
|  | Scared   | 1       | 3          |
|  | Slipping back to violence                          | 7       | 13         |
|  | forgetting new behaviours                          |         |            |
|  | Too much effort                                    | 6       | 10         |
|  | Unexplained  | 3       | 7          |
| Childhood                              |  | 18      | 40         |
| Communication issues                   |  | 22      | 47         |
| Feeling following use of violence      |  | 22      | 43         |
| Guilt and Shame                        |  | 21      | 35         |
| Minimising use of violence             |  | 21      | 47         |
| Miscellaneous                          |  | 17      | 24         |
| Relationships                          |  | 4       | 6          |
|  | Non-violent relationships                          | 17      | 41         |
| Sexual issues                          |  | 4       | 11         |
| Triggers for desistance turning points |  | 0       | 0          |
|  | External triggers                                  | 34      | 178        |
|  | Internal triggers                                  | 17      | 29         |
| Understanding use of violence          |  | 0       | 0          |
|  | Alcohol and Drugs                                  | 26      | 81         |
|  | Bickering that escalates                           | 9       | 11         |
|  | Can't remember                                     | 3       | 4          |
|  | Don't see behaviour as abusive                     | 3       | 4          |
|  | Female's individual attributes and characteristics | 12      | 51         |
|  | Get what want                                      | 3       | 11         |
|  | Loss of control                                    | 12      | 19         |
|  | Patterns of behaviour                              | 28      | 63         |
|  | Reactive violence or equal responsibility          | 19      | 48         |
|  | Reasons for not using violence                     | 3       | 6          |

*Table A11.1 continued*

| Parent Node                   | Child Node                                      | Sources | References |
|-------------------------------|---|---------|------------|
| Understanding use of violence | Men's individual attributes and characteristics | 33      | 204        |
|                               | Normalising situation                           | 22      | 54         |
|                               | Justifying situation                            | 10      | 15         |
|                               | Not think about behaviour or consequences       | 8       | 12         |
|                               | Self as a victim blame partner or situation     | 31      | 169        |
|                               | Situational unrest                              | 34      | 180        |
|                               | Unexplained triggers to violence                | 8       | 13         |
|                               |   |         |            |
| Violence in relationships     |   | 0       | 0          |
|                               | Physical violence females                       | 12      | 21         |
|                               | Physical violence males                         | 28      | 122        |
|                               | Psychological violence females                  | 7       | 13         |
|                               | Psychological violence males                    | 18      | 39         |
| Violence outside relationship |   |         |            |
|                               |   | 26      | 76         |

*Appendix 12: Global themes, organising themes, basic themes and sub-themes developed for thematic networks*

Five thematic networks were initially developed for the data set. The following five tables (Table A12.1 – Table A12.5) present the themes that made up each thematic network and the associated number of sources (participants) and references that made up each global theme, organising theme, basic theme and sub-theme.

*Table A12.1 Global, organising and basic themes developed for thematic network 1 and number of sources and references for each theme*

| Global Theme      | Organising Theme                | Basic Theme                                | Sources | References |
|-------------------|---------------------------------|--|---------|------------|
| Scope of violence | Expression of violence: Females | Direct physical violence towards partner   | 10      | 14         |
|                   |                                 | Indirect physical violence towards partner | 7       | 13         |
|                   |                                 | Psychological violence                     | 3       | 3          |
|                   | Expression of violence: Males   | Direct physical violence towards partner   | 29      | 104        |
|                   |                                 | Indirect physical violence towards partner | 9       | 19         |
|                   |                                 | Displaced violence                         | 13      | 26         |
|                   |                                 | Physical violence towards non-intimate     | 24      | 64         |
|                   |                                 | Psychological violence                     | 18      | 39         |
|                   | Patterns of violence            | Cyclical                                   | 15      | 33         |
|                   |                                 | Escalation                                 | 14      | 21         |
|                   |                                 | Non-violent relationships                  | 17      | 41         |
|                   |                                 | Within and across relationships            | 9       | 12         |

Table A12.2 Global, organising, basic and sub-themes developed for thematic network 2 and number of sources and references for each theme

| Global Theme                   | Organising Theme                       | Basic Theme                                | Sub-Theme                       | Sub-Theme | Sources | References |
|--------------------------------|--|--|---------------------------------|-----------|---------|------------|
| Rationale for why use violence | Instrumental violence                  | Apportion blame                            | Partner's fault                 |           | 9       | 14         |
|                                |  |  | Reacting to partner's violence  |           | 30      | 85         |
|                                | Behaviour is acceptable or justifiable |  | Minimisation of abuse           |           | 16      | 48         |
|                                |  |  | Normalise behaviour             |           | 20      | 46         |
|                                |  | Construct the situation as non-abusive     | Not think about consequences    |           | 20      | 47         |
|                                |  |  | Plausible explanations          |           | 9       | 12         |
|                                |  |  | Unable to remember events       |           | 11      | 14         |
|                                |  | Communication inadequacies in relationship |                                 |           | 13      | 27         |
|                                |  |  |                                 |           | 23      | 50         |
|                                | Situational instability                | Alcohol and drugs                          |                                 |           | 23      | 76         |
|                                |  |  | Challenges with extended family |           | 7       | 10         |
|                                |  | Life stressors                             | Day to day stress               |           | 19      | 34         |
|                                |  |  | Financial strain                |           | 14      | 35         |
|                                |  |  | Troubled childhood              |           | 16      | 35         |
|                                |  |  | Work pressures                  |           | 8       | 11         |

Table A12.2 continued

| Global Theme                   | Organising Theme                      | Basic Theme                         | Sub-Theme                 | Sub-Theme                   | Sources | References |
|--------------------------------|---------------------------------------|-------------------------------------|---------------------------|-----------------------------|---------|------------|
| Rationale for why use violence | Individual characteristics and traits | Male's characteristics and traits   | Aggressive                |                             | 9       | 10         |
|                                |                                       |                                     | Context of control        | Controlling others          | 10      | 18         |
|                                |                                       |                                     |                           | Losing control of situation | 5       | 10         |
|                                |                                       |                                     |                           | Losing self-control         | 17      | 26         |
|                                |                                       |                                     | Inability to trust        |                             | 6       | 7          |
|                                |                                       |                                     | Insecure                  |                             | 10      | 13         |
|                                |                                       |                                     | Jealousy                  |                             | 13      | 34         |
|                                |                                       |                                     | Psychological instability |                             | 16      | 46         |
|                                |                                       | Female's characteristics and traits | Argumentative             |                             | 6       | 11         |
|                                |                                       |                                     | Psychological issues      |                             | 6       | 16         |



*Table A12.3 Global, organising basic and sub-themes developed for thematic network 3 and number of sources and references for each theme*

| Global Theme        | Organising Theme                   | Basic Theme                       | Sub-Theme                        | Sources | References |
|---------------------|------------------------------------|-----------------------------------|----------------------------------|---------|------------|
| Catalyst for change | Emotional states                   | Guilt                             |                                  | 15      | 24         |
|                     |                                    | Shame                             |                                  | 14      | 24         |
|                     |                                    | Fear                              |                                  | 15      | 25         |
|                     | Triggers that initiate transitions | Accumulation of external triggers | Children and family              | 15      | 37         |
|                     |                                    |                                   | Criminal Justice involvement     | 20      | 52         |
|                     |                                    |                                   | Partner's actions                | 14      | 23         |
|                     |                                    |                                   | Permanently end relationship     | 16      | 26         |
|                     |                                    |                                   | Shock following extreme violence | 12      | 23         |
|                     |                                    |                                   |                                  |         |            |
|                     |                                    |                                   |                                  |         |            |
|                     |                                    | Internal triggers                 |                                  | 17      | 41         |

Table A12.4 Global, organising basic and sub-themes developed for thematic network 4 and number of sources and references for each theme

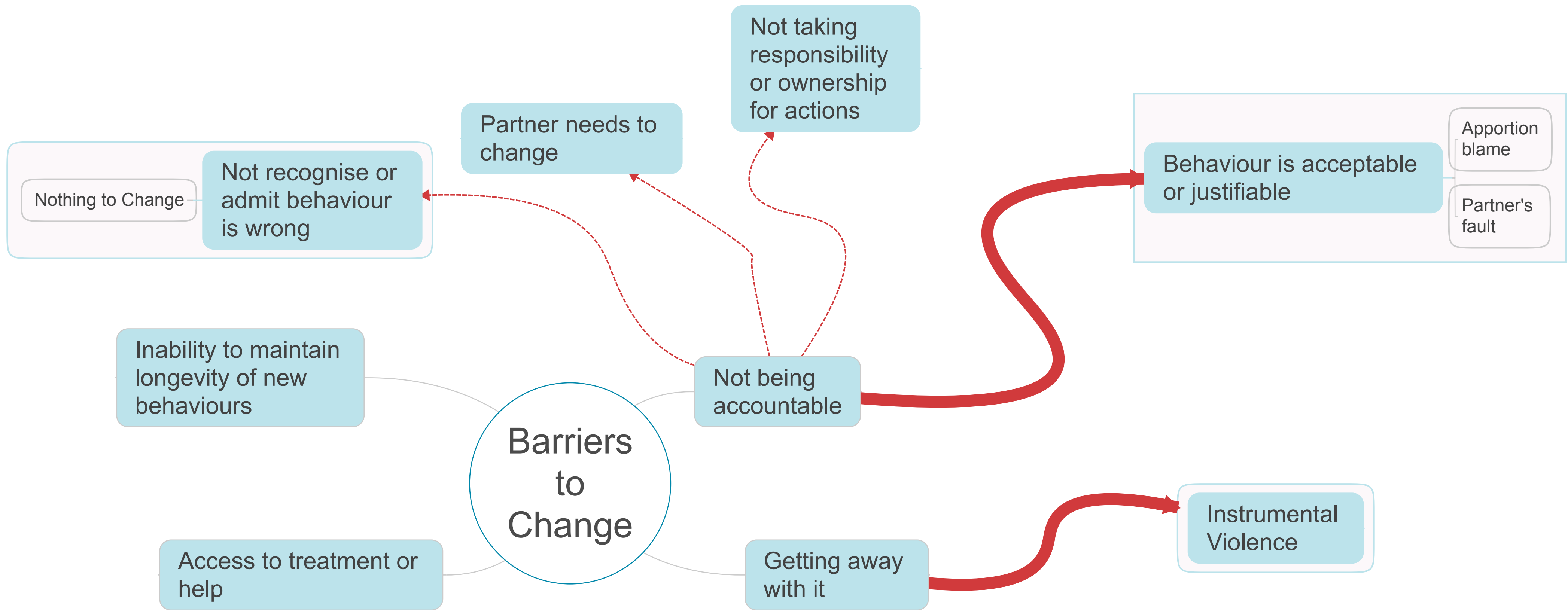
| Global Theme       | Organising Theme                                 | Basic Theme  | Sub-Theme         | Sources | References |
|--------------------|--|--|-------------------|---------|------------|
| Barriers to change | Access to treatment or help                      |  |                   | 13      | 9          |
|                    | Getting away with it                             |  |                   | 9       | 14         |
|                    | Inability to maintain longevity of new behaviour |  |                   | 11      | 21         |
|                    |  | Not recognise or admit behaviour is wrong          |                   | 26      | 50         |
|                    | Not being accountable                            | Partner needs to change                            | Nothing to change | 11      | 19         |
|                    |  | Not taking responsibility or ownership for actions |                   | 8       | 13         |
|                    |  |  |                   | 18      | 38         |

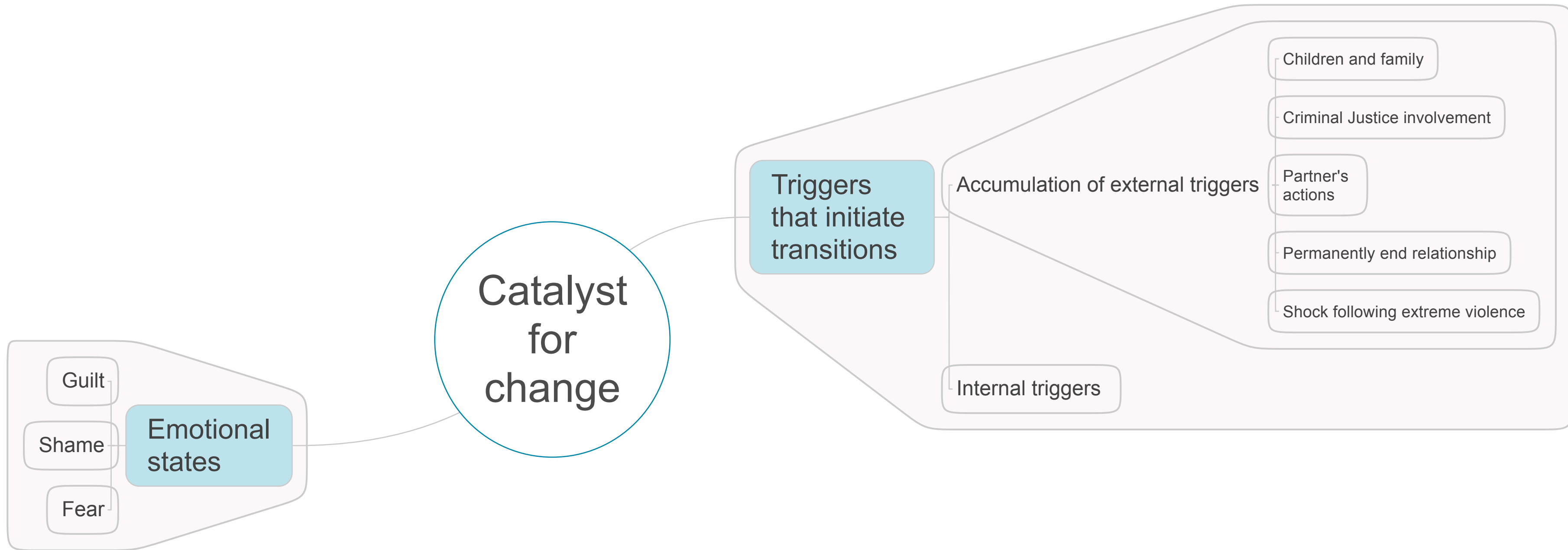
Table A12.5 Global, organising basic and sub-themes developed for thematic network 5 and number of sources and references for each theme

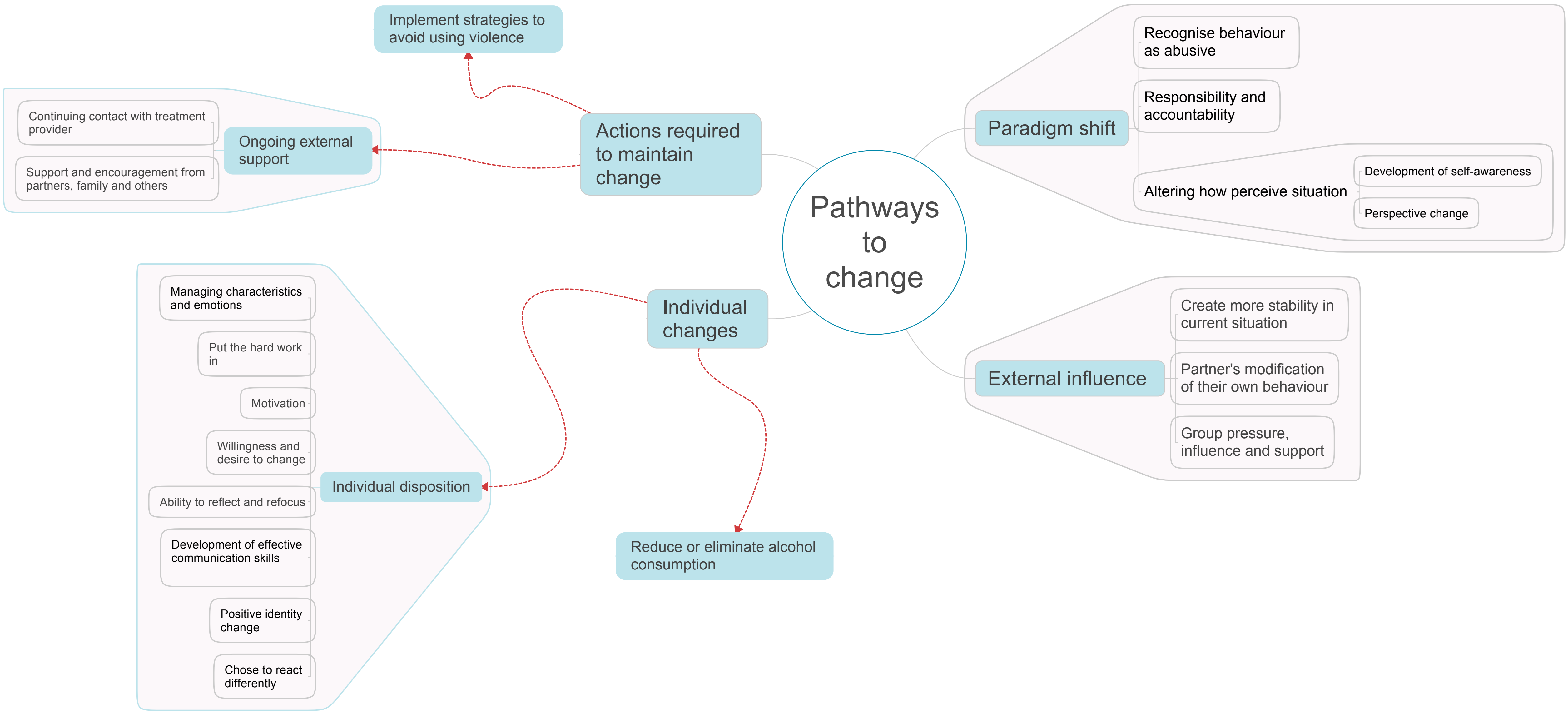
| Global Theme       | Organising Theme                    | Basic Theme                                   | Sub-Theme   | Sources | References |
|--------------------|-------------------------------------|---|---|---------|------------|
| Pathways to change | Actions required to maintain change | Implement strategies to avoid using violence  |   | 21      | 45         |
|                    |                                     |   | Continuing contact with treatment provider                | 17      | 35         |
|                    |                                     | Ongoing external support                      | Support and encouragement from partner, family and others | 12      | 26         |
|                    |                                     |   |   |         |            |
|                    | External influence                  | Create more stability in current situation    |   | 12      | 21         |
|                    |                                     | Partner's modification of their own behaviour |   | 14      | 34         |
|                    |                                     | Group pressure influence and support          |   | 8       | 12         |
|                    | Paradigm shift                      | Recognise behaviour as abusive                |   | 17      | 41         |
|                    |                                     | Responsibility and accountability             |   | 20      | 64         |
|                    |                                     | Altering how perceive situation               | Development of self-awareness                             | 22      | 47         |
|                    |                                     |   | Perspective change  | 17      | 34         |

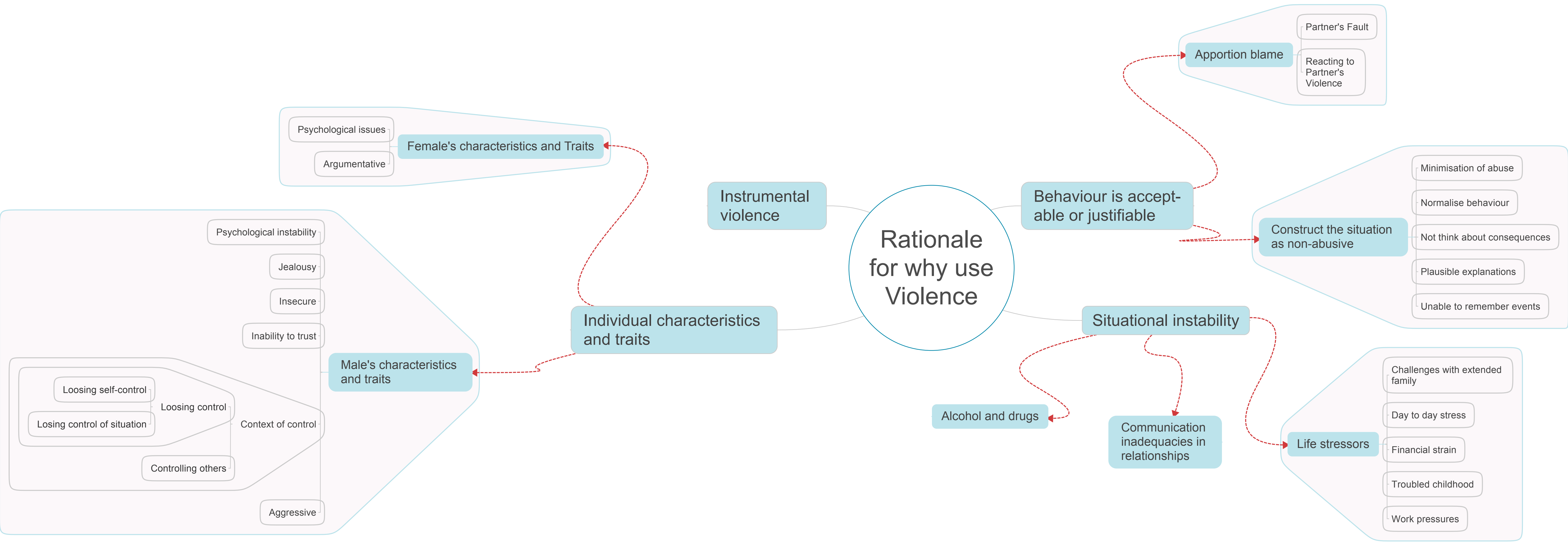
Table A12.5 continued

| Global Theme       | Organising Theme   | Basic Theme                             | Sub-Theme                                     | Sources | References |
|--------------------|--------------------|---|---|---------|------------|
| Pathways to change | Individual changes | Individual disposition                  | Managing characteristics and emotions         | 8       | 17         |
|                    |                    |   | Put the hard work in                          | 18      | 42         |
|                    |                    |   | Motivation                                    | 7       | 10         |
|                    |                    |   | Willingness and desire to change              | 16      | 30         |
|                    |                    |   | Ability to reflect and refocus                | 15      | 31         |
|                    |                    |   | Development of effective communication skills | 14      | 36         |
|                    |                    |   | Positive identity change                      | 18      | 38         |
|                    |                    |   | Chose to react differently                    | 5       | 10         |
|                    |                    | Reduce or eliminate alcohol consumption |   |         |            |
|                    |                    |   |   | 8       | 10         |

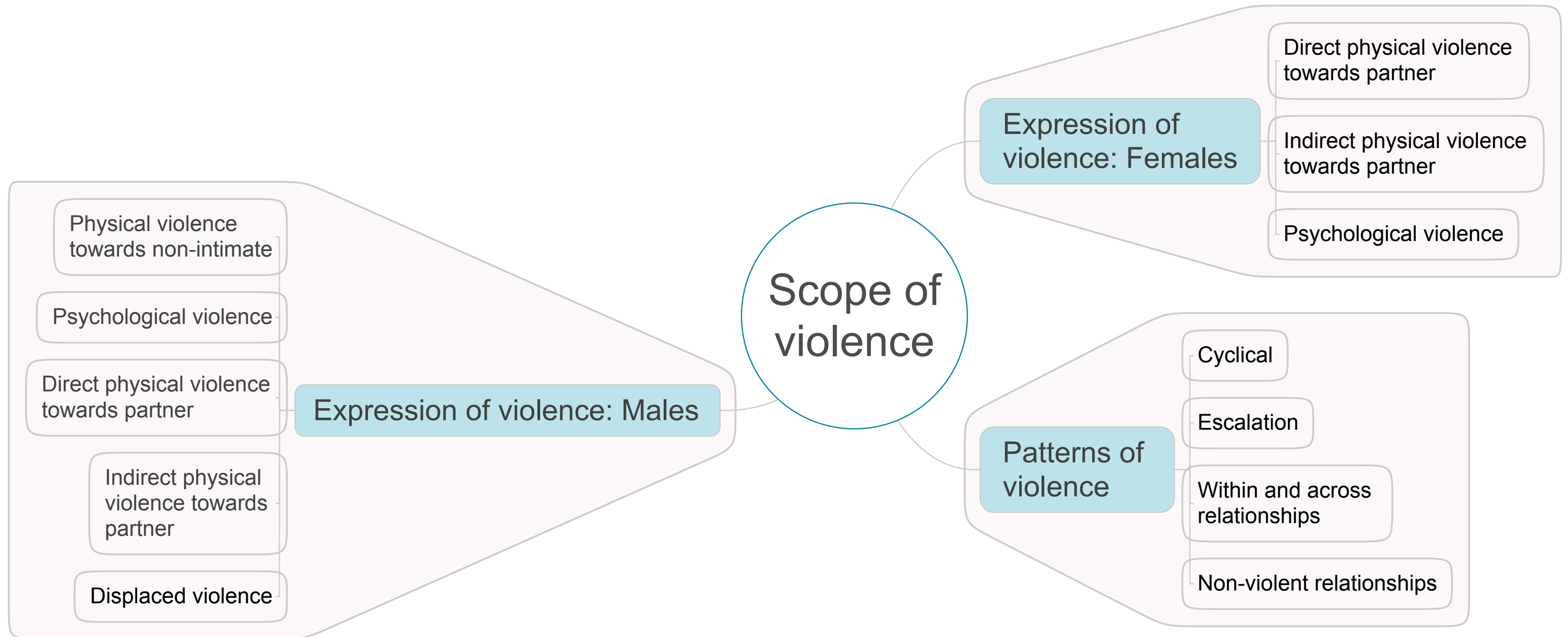












*Appendix 14: Definitions of themes in the conceptual model of desistance and the number of sources and references attached to each theme*

The final conceptual model was formed from the global themes, organising themes, basic themes and sub-themes that were identified in the data set. Table A14.1 presents all the themes, the definitions that were assigned to each theme and the number of sources (participants) and references that made up each theme.

*Table A14.1: Definition of global, organising, basic and sub-themes in conceptual model of desistance and number of sources and references for each theme*

| Type of Theme    | Theme Name  | Definition  | Sources | References |
|------------------|---|---|---------|------------|
| Global Theme     | <b><i>Cycle of lifestyle behaviours (violent): Old way of being</i></b> | Captures the on-going behaviours, attitudes and lifestyle that symbolises IPV as being persistent and embedded in individual's lives. |         |            |
| Organising Theme | <i>Antecedents and triggers to violence</i>                             | Captures the themes that represent situations, contexts and factors that lead to violent reaction. Latent and acute triggers.         |         |            |
| Basic Themes     | <i>Paradox of control</i>   | Controlling behaviours of the men and loss of control by men.   | 26      | 67         |
|                  | <i>Communication inadequacies</i>                                       | Difficulties with talking, listening, explaining thoughts and feelings to partners. Using violence to communicate.                    | 23      | 50         |
|                  | <i>Alcohol</i>  | When alcohol and drinking associated with arguments, behaviours and situations that lead to violence.                                 | 23      | 76         |

Table A14.1 continued

| Type of Theme                        | Theme Name   | Definition   | Sources | References |
|--------------------------------------|--|--|---------|------------|
| Organising Theme<br><br>Basic Themes | <i>Causal role of partner</i>                      | Evidence of men suggesting partner's flaws, failings, behaviours and psychological problems caused them to be violent.                               |         |            |
|                                      | <i>Life stressors</i>                              | Latent and acute day-to-day and life stress that ends up in violence including relationships, family, work, and finance.                             |         |            |
|                                      | <i>Expression of violence</i>                      | Captures the themes that include of violent and abusive behaviours; physical violence, psychological violence and threatening and abusive behaviours |         |            |
|                                      | <i>Direct physical violence</i>                    | All incidents of slapping, pushing, shoving, hitting etc. where there is physical violence against an intimate, or non-intimate                      | 165     | 64         |
|                                      | <i>Threatening and abusive behaviours</i>          | Throwing, threatening behaviours. Not actually make physical contact but the essence or threat of imminent violence is there                         | 9       | 19         |
|                                      | <i>Displaced violence</i>                          | When violence is directed at objects e.g. doors, walls, items etc.   | 13      | 26         |
|                                      | <i>Psychological violence</i>                      | Not physical violence but behaviours that frighten, control, pressurise partner.   | 18      | 39         |
| Organising Theme                     | <i>Escalation</i>                                  | Explanations of where violence gets worse, builds up, gets more severe in type severity and frequency.   | 26      | 56         |
|                                      | <i>Maintenance of behaviour argument (violent)</i> | Captures the themes that represent how the men justify, rationalise and explain their use of violence; excuses and blame for their violence          |         |            |

Table A14.1 continued

| Type of Theme | Theme Name  | Definition  | Sources | References |
|---------------|---|---|---------|------------|
| Basic Themes  | <i>Not recognise behaviour as abusive</i>                           | When believe behaviour not classed as abusive; out and out denial that their behaviour is violence.   | 32      | 79         |
|               | <i>Externalising responsibility</i>                                 | Captures all the themes where the men take no responsibility or ownership for their violent behaviour; means of justifying violence.                            |         |            |
| Sub-Themes    | <i>Blame partner</i>  | Where the female seen to be the cause of violence through her actions; rationalising that violence is their partner's fault                                     | 32      | 89         |
|               | <i>Lack of resource</i>   | When suggesting that lack of resource / available help means they are unable to change; no support to change  | 13      | 19         |
| Sub-Themes    | <i>Contextualise behaviour as normal in their own relationships</i> | Not seeing behaviour as violence but something normal and everyday in their own relationship; always been like that.  | 16      | 24         |
|               | <i>Contextualise behaviour as normal in all relationships</i>       | When compare their own relationship to relationships in general and see their behaviour as the same; normalising behaviour in context of others' relationships. | 19      | 30         |
|               | <i>Contextualise behaviour within the situation at that time.</i>   | Saying violence was 'accidental' or framing situation to explain away violence; violence an unforeseen consequence of the situation at the time.                | 20      | 40         |

Table A14.1 continued

| Type of Theme    | Theme Name   | Definition  | Sources | References |
|------------------|--|---|---------|------------|
| Basic Theme      | <i>Identify self as agent of abuse.</i>                  | To capture themes where men assign traits and characteristics associated with IPV; label themselves as perpetrator of IPV.  |         |            |
| Sub-Themes       | <i>Psychological instability</i>                         | Both formally diagnosed and non-diagnosed psychological issues e.g. depression, mood problems, personality disorders etc. Also includes references to moods.  | 17      | 48         |
|                  | <i>Aggressive / angry person</i>                         | Describing self as aggressive/violent/ angry or other associated words.   | 10      | 11         |
|                  | <i>Perceived lack of staying power</i>                   | When slip back in to violence; Not putting in the hard work needed for change; cognitively or behaviourally.  | 12      | 23         |
|                  | <i>Trust and jealousy issues</i>                         | When describe being jealous in relationship and having no trust / trust issues.   | 14      | 41         |
|                  | <i>Insecure</i>  | When not secure about how they are – particularly regarding to relationship.  | 10      | 13         |
| Global Theme     | <b>Catalyst for change:<br/>Accumulation of triggers</b> | Captures all the themes that are associated with initiating change and desistance. Triggers and transitions   |         |            |
| Organising Theme | <i>Consequences of violence</i>                          | Captures the themes, which describe consequences to violent behaviour that become external triggers to change; something that happens after violence that makes men start to think they need to change. |         |            |

Table A14.1 continued

| Type of Theme    | Theme Name  | Definition  | Sources | References |
|------------------|---|---|---------|------------|
| Basic Themes     | <i>Impact on family</i>                                   | When men see violence is having impact on family (partner and children); when effects family unit.                              | 23      | 57         |
|                  | <i>Criminal Justice involvement</i>                       | The men's contact with Criminal Justice agencies; fear of arrest, actually being arrested, prison, cells over night, probation. | 20      | 52         |
|                  | <i>Shock following extreme violence</i>                   | Climax to really severe / extreme violence; acute violence much more serious than ever before.                                  | 12      | 23         |
|                  | <i>End of relationship</i>                                | When relationship actually ends; (not threats or temporary split).  | 16      | 26         |
| Organising Theme | <i>Emotional states and responses</i>                     | Captures themes that represent any emotional response after violence; response that has an impact and initiates change.         |         |            |
| Basic Themes     | <i>Guilt</i>  | Feelings of guilt following violent behaviours and within relationship  | 15      | 24         |
|                  | <i>Shame</i>  | Feelings of shame after violence and generally about use of violence against partner.   | 14      | 24         |
| Basic Theme      | <i>Fear</i>   | Fear of what violence could or does lead to e.g. arrest, not seeing children, losing partner.                                   | 15      | 25         |
| Organising Theme | <i>Point of resolution: Autonomous decision to change</i> | Internalisation of triggers; Inner self-realisation that change needed; internalisation of external triggers.                   | 18      | 44         |

Table A14.1 continued

| Type of Theme    | Theme Name  | Definition  | Sources | References |
|------------------|---|---|---------|------------|
| Global Theme     | <b><i>The cycle of lifestyle behaviours (non-violent): 'New way of being'</i></b> | Represents all the new on-going behaviours, attitudes and changes required to maintain a violence free relationship   |         |            |
| Organising Theme | <i>Manage antecedents and triggers to violence</i>                                | This captures all the themes that represent behaviours and thinking required to manage possible triggers to violence; contains both behavioural and cognitive change. |         |            |
| Basic Themes     | <i>Perceive situation differently</i>   | Change appraisal of certain situation particularly how frame or interpret what is happening.  | 18      | 43         |
|                  | <i>Pre-empt trigger points</i>  | Managing triggers – when realise things are building up and changing situation so not violent.  |         |            |
|                  | <i>Create more stability day to day</i>   | Removing latent and acute stressors that lead to violence; dealing with issues so they do not culminate in violence.  | 12      | 21         |
|                  | <i>Development of effective communication techniques</i>                          | Change because of better communication skills; talking things through, better listening, not using violence as a communication tool.                                  | 14      | 36         |
|                  | <i>Reduce or eliminate alcohol</i>  | Changes in amount of alcohol intake; reducing considerably or eliminating totally.  | 8       | 10         |
|                  | <i>Implement new strategies</i>   | Using new strategies and tools and techniques to stop violence e.g. time out.   | 21      | 47         |
| Organising Theme | <i>Maintenance of behaviours argument (non-violent)</i>                           | Captures the themes that represent how the men explain how they are non-violent; behaviours, attitudes and identity required for being non-violent                    |         |            |

Table A14.1 continued

| Type of Theme | Theme Name   | Definition  | Sources | References |
|---------------|--|---|---------|------------|
| Basic Themes  | <i>Seeing the way to change by seeing behaviour as abusive</i>     | Awareness and recognition that behaviour is abusive and needs changing.   | 22      | 53         |
|               | <i>Internalising responsibility for behaviour</i>                  | Taking responsibility, accountability and ownership for violence.   | 21      | 72         |
|               | <i>Identify self as agent for change:</i>                          | Represents themes that encapsulate all the characteristics and behaviours that men associate with themselves as a non-violent person. |         |            |
| Sub-Themes    | <i>Ability to reflect and re-focus</i>                             | When reflect and think about behaviour and this guides future responses.  | 15      | 31         |
|               | Managing characteristics and emotions to create different identity | Controlling their characteristics, traits and emotions and creating different identity aligned to non-violence.                       | 21      | 51         |
|               | Put the hard work in   | Proactive, continuous work needed to change; cognitively and behaviourally hard work.   | 19      | 43         |
|               | Motivation to change   | Motivation, desire and willingness to change; a genuine want to change.   | 17      | 47         |



Table A14.1 continued

| Type of Theme    | Theme Name                                   | Definition  | Sources | References |
|------------------|--|---|---------|------------|
| Organising Theme | <i>External support</i>                      | Captures the themes which include all the external support required to assist and maintain change e.g. treatment and family |         |            |
| Basic Themes     | <i>Contact with treatment provider</i>       | When treatment is required in order to initiate or help maintain change.  | 29      | 75         |
|                  | <i>Group pressure, influence and support</i> | When treatment group (the other men) supports men; might be through challenging men or being ones who challenge.            | 14      | 34         |
|                  | <i>Support and encouragement from others</i> | Encouragement from partners and friends; reinforcing new behaviours.  | 12      | 26         |

*Appendix 2: Overview of key assumptions of critical realism (Sayer 1992)*

Sayer (1992) offers a detailed and comprehensive account of critical realist ontology and the extracts below taken from his book, are an exact copy of the list he developed, that sets out the eight key assumptions of this ontological position:

- (i) The world exists independently of our knowledge of it
- (ii) Our knowledge of the world is fallible and theory laden
- (iii) Knowledge develops neither wholly continuously, as the steady accumulation of facts within a stable conceptual framework, nor wholly discontinuously, through simultaneous and universal changes in concepts
- (iv) There is necessity in the world; objects (e.g. entities such as people, relationships, attitudes, resources, ideas etc.) whether natural or social necessarily have particular powers and ways of acting and particular susceptibilities (i.e. entities that we study have the powers or liabilities to cause events to happen)
- (v) The world is differentiated and stratified, consisting of not only of events (i.e. outcomes that are being investigated), but objects, including structures (i.e. related objects or practices) that have powers and liabilities capable of generating events
- (vi) Social phenomena such as actions, texts and institutions are concept dependent (i.e. they are not impervious to the meanings ascribed to them they depend on what they mean in society and to its members). Although they have to be interpreted by starting from the researchers' own frames of meaning, by and large they exist regardless of researchers' interpretations of them
- (vii) Science or the production of any kind of knowledge is a social practice. For better or worse (not just worse) the conditions and social relations of the production of knowledge influence its content. Knowledge is largely - though not exclusively - linguistic, and the nature of what we communicate is not

incidental to what is known and communicated. Awareness of these relationships is vital when evaluating knowledge

(viii) Social science must be critical of its object. In order to be able to explain and understand social phenomena we have to evaluate them critically (p.5)

Points (i), (iv), and (v) set out the assumptions regarding ontology that there is a 'reality out there.' However, because conditions to accurately access and accurately measure this reality rarely exist there is also the acceptance that reality is socially constructed at points, as set out in assumptions (ii), (iii), (vi), (vii). Whilst there is an element of social construction, it is not entirely the case as (Easton 2010:122) argued that individuals construe rather than construct their worlds as 'reality kicks in at some point'. Therefore according to critical realism, discourse is important, as is the interpretation of it, but studying this in isolation is not enough to offer an explanation of something.

### *Appendix 3: Overview of agencies used for recruitment of participants*

#### Splitz Support Service

Splitz is an independent charity and a leading provider of domestic abuse support services in Wiltshire. Splitz was founded in West Wiltshire but it now provides support services in Wiltshire, Swindon and Bristol. The organisation delivers an accredited programme (Respect accredited 2010) for male perpetrators of IPV, called The Turnaround Programme, which is open to male perpetrators over the age of 21. This programme is based on the Duluth model and the issue of 'power and control' is used as the underpinning theoretical framework. It is a 30-week rolling programme that can accommodate 8-10 participants per group. It consists of five modules, each run weekly for six weeks. Each session runs for two and a half hours. The modules that are delivered are: (i) physical abuse; (ii) sexual respect; (iii) emotional abuse; (iv) impact of domestic abuse on children; and, (v) rebuilding trust and respect. The men have to attend for all of the modules.

#### The Hampton Trust

The Hampton Trust was established in 1996 and provides programmes and projects for families, children, and young people, including services for domestic violent perpetrators and victims. This Trust provides the Adapt Domestic Abuse Prevention training (ADAPT) programme in Southampton, Guernsey, Havant, Basingstoke and The Isle of Wight. The men who attend ADAPT, which is based on the Duluth model, are either self-referred or referred through Children and Family Court Advisory and Support Service (CAFCASS). Following an in depth two hours assessment, men accepted onto ADAPT complete a 30 week rolling programme consisting of the same five modules topics offered by Splitz. Their modules are called: (i) physical abuse; (ii) sexual abuse; (iii) emotional abuse; (iv) domestic abuse and children; and (v) rebuilding trust and respect. The men have to attend all of these modules.

### Strength to Change

This service is provided in Hull for men who are concerned about their use of violence in their intimate relationships and abuse of their intimate partners. This initiative is led by NHS Hull and developed jointly with Hull Citysafe. The service includes a helpline, therapeutic interventions, and perpetrator programmes. Strength to Change offer a telephone helpline, individual sessions followed by group treatment sessions. The group work offered is 40 sessions, based on the Duluth model, each of two and a half hours which the men attend once a week. The group functions as a rolling group and so as one man completes 40 sessions he is replaced with another. Maximum numbers for the group is eight. The sessions cover five themes and are described as follows: (i) intimidation and coercion/ respect and negotiation; (ii) emotional abuse/ intimacy and love; (iii) gender and privilege/ partnership and participation; (iv) sexual abuse/ sexual respect; and, (v) abusive parenting/ responsible parenting.

### Wiltshire and West Mercia Probation Trusts

Wiltshire and West Mercia Probation Trusts are 2 of the 35 Probation Trusts found across England and Wales. The 35 trusts are responsible for supervising round 234,000 offenders in the community. Wiltshire Probation trust has five offices across Wiltshire and Swindon and employs over 150 people. At any one time, Wiltshire Probation Trust could have responsibility for up to 1,500 offenders. West Mercia probation cover Hereford, Shropshire Worcestershire and Telford and Wrekin and employ around 320 staff. Each year West Mercia Probation Trust supervises around 4000 adult offenders in the community. Both these probation Trusts offer two statutory perpetrator programmes: Integrated Domestic Abuse Programme (IDAP). In addition, Wiltshire also developed and deliver locally The Relationships Skills for Men (RSfM) for men who are court mandated to attend treatment. The IDAP is based on the Duluth approach. The IDAP consists of 27 group work sessions (9 modules, 3 sessions per module), with generally between 8-10 men attending in each group. The treatment includes pre and post-programme work that includes psychometric testing and comparisons. The nine modules that are delivered are; (i) non-violence; (ii) non-threatening behaviour; (iii)

respect; (iv) support and trust; (v) accountability and honesty; (vi) sexual respect; (7) partnership; (viii) responsible parenting; and, (viii) negotiation and fairness. The programme was designed for men who have committed violence against their partners within heterosexual relationships. The RSfM consists of 10 sessions designed for offenders convicted of offences connected with their relationships with women. The package is designed to help the group members improve their problem solving and social skills, plus increase their personal emotion management and moral understanding.

**Interview schedule for Desisters and Persisters**

1. Introductions: KW background to research. Participant information sheet etc. Explain no right or wrong answers just wanting to hear views and experiences. Explain that if disclose information that suggests someone may be placed in danger would have to inform probation officer

**Rapport Building:**

2. Start with a few basic questions – name and preferred name to be called in interview, age, school and educational history, highest educational achievement, ethnicity,
3. Current relationship status:
  - How long in relationship?
  - How did you meet?
  - What attracted you to each other?
  - Any children?

**Intimate Partner Violence**

4. History of Intimate Partner Violence:
  - First incident
  - Timeline of incidents; within relationships across relationships
  - Severity, frequency and type of violence used
  - Do you think that there are any issues that lead you to use violence? Any specific patterns / situations that lead you to use violence
5. When was the last time that you were violent to a partner?
  - How did the use of violence make you feel?
  - How did the use of violence make them feel

**Desisters**

6. I would like you to tell me the story of how you changed from being violent within your relationship to being the man you are today. I am interested in the stages that you have gone through and the events that have happened that have contributed to your change.
7. What were things like before you changed?
8. When did you start to think about change?
9. Was there something specific that made you think about changing
  - Was there a specific incident that motivated you to stop?

- Was it a conscious decision?
  - If so what was it based on?
  - If not why do you think it happened?
10. Describe the last violent incident; how did you feel after it; was it different to previous episodes
  11. Can you describe when and how you made the change from being violent to your partner to stopping using violence?
  12. Have you attempted to stop being violent to your partner before
    - How long did that last?
    - What triggered you to start being violent again?
    - How often have you attempted to stop
    - Was this a regular thing
  13. What was different about this time?
  14. What stops you from being violent again?
  15. Do you think you will ever use violence again?
  16. Have you been violent to anyone you were not in a relationship with? Where and how often? Has this stopped?
  17. When you were being violent to your partner what words would you use to describe yourself and your behaviour? How would you describe yourself now? Do you see yourself as different? If so how?
  18. What strategies do you use to stop yourself being violent to you partner? How do they work?
  19. What help/ support/ situations/ attitudes do you think you need so that you can maintain this change of behaviour?
  20. Is there anything else that you would like to add?

### Persisters

21. I would like you to tell me the story of how you use violence within your relationship and how you describe yourself as the man you are today. I am interested in the stages that you have gone through in your relationships that relate to your violence and the events that have happened that have contributed to your behaviour.
22. Describe the types of situations that make you use violence against your partner.
23. What is the longest period of time that you have not been violent to your partner?



24. Are there relationships where you have not used violence at all? If so why was this different?
25. Have you been violent to anyone you were not in a relationship with? Where and how often? Has this stopped?
26. Have you thought about changing your behaviour?
27. Have you ever tried changing your behaviour? Do you think you could have been successful and if so how?
28. Do you want to stop using violence?
29. How do you feel after you have been violent? How do you think your partner feels after you have been violent?
30. Do you see yourself as always being violent within your intimate relationships? Do you see a time when you will not be violent in a relationship?
31. If you think that you will stop being violent how do you think you would achieve this?
32. What do you think it would take for you to stop using violence in your relationship?
33. Is there anything else that you would like to add?

### **Interview Schedule for Facilitators**

1. Introductions: KW background to research. Participant information sheet etc. Consent and explain about anonymity and confidentiality.
2. General background questions – job role, who you work with, length of time in the role
3. Histories of some of offenders that work with:
  - Desisters – how long
  - Persisters
4. In your opinion how do IPV offenders stop using violence?
5. How do you define/operationalise desistance?
6. I would like you to tell me the story of how you have worked with individuals who have changed from being violent within their relationship and how they changed their behavior and those who persist with violence. I am interested in the stages that they may have

gone through and the events that have happened that have contributed to their change

7. Can you describe what you think are the triggers that stop people being violent to an intimate partner?
8. Are there certain triggers that are more important?
9. What changes in people have you observed?
10. What are the key characteristics of those who desist / persist?
11. Can you describe the process and stages that you have observed with individuals who have desisted from IPV?
12. What support do you think is necessary for those who want to desist?
13. Why are some individuals more likely to desist
14. Why are some individuals more likely to persist
15. What prevents people from desisting?
16. What role do you think Offender Managers play in helping offenders to desist from IPV?
17. Is there anything else you would like to add?

### **Interview Schedule for Survivors**

1. Introductions: KW background to research. Participant information sheet etc. Explain no right or wrong answers just wanting to hear views and experiences. Explain that if get distressed or do not want to discuss things further can terminate the interview or change the line of questioning

### **Rapport Building:**

2. Start with a few basic questions – name and preferred name to be called in interview, age, school and educational history, highest educational achievement, ethnicity,
3. Current relationship status:
  - How long in relationship?
  - How did you meet?
  - What attracted you to each other?
  - Any children?

## Intimate Partner Violence

### 4. History of Intimate Partner Violence:

- First incident
  - Timeline of incidents; within relationships across relationships
  - Severity, frequency and type of violence used
  - Do you think that there are any issues that lead your partner to use violence? Any specific patterns / situations that lead him to use violence
5. In your current / last relationship has the violence continued or stopped completely? How long has the relationship been violence free / when did you last experience some form of violence in your relationship?
6. Where violence has now stopped for at least 6 months:
7. I would like you to tell me the story of how your partner changed from being violent within your relationship to being non-violent. I am interested in the stages that you both have gone through and the events that have happened that have contributed to this change.
8. What were things like before the violence stopped?
9. Describe the last violent incident; how did you feel after it; was it different to previous episodes?
10. Was there a specific incident that you believed motivated them to stop?
11. What do you think was the single most important thing that happened that stopped them being violent?
12. Had they attempted to stop being violent before; how long did that last? What triggered the violence again?
13. Do you think they will be violent towards you in the future again?
14. What strategies do you think your partner used to stop being violent towards you? How do they work?
15. Is there anything you think you had to do differently that stopped your partner being violent?
16. What do you think stops your partner from being violent towards you?
17. Is there anything else that you would like to add?

Where violence is still in the relationship

18. I would like you to tell me the story of how you experience violence within your relationship and how you describe your partner as he today. I am interested in the stages that you have both gone through in your relationships that relate to your experience of violence and the events that have happened that have contributed to your partner's behaviour
19. Describe the types of situations that make your partner use violence against you.
20. What is the longest period of time that he has not been violent to you?
21. Is he violent to anyone he is not in an intimate relationship with? Can you describe these?
22. Has he been violent in previous relationships?
23. Have there been periods where he has stopped being violent? Was there something different about those times?
24. What triggered the violence to start again?
25. Have your partner ever talked about changing his behaviour?
26. What do you think stops him from changing his behaviour?
27. Do you think he wants to stop using violence?
28. Do you think he will always be violent within your intimate relationships?
29. What do you think your partner needs to stop being violent in your relationship?
30. Is there anything else that you would like to add?

*Appendix 6: Comparison of male offenders by treatment group (self-referred or mandated)*

As the offenders were taken from both self-referred community SR(C) treatment programmes and court-mandated probation CM(P) programmes, Mann-Whitney comparisons of the five factors of the CTS2 were undertaken. There were no statistically significant differences (based on  $p \leq .01$ ) in any of the factors. This is presented in Table A6.1, which includes the median scores (Mdn) for each group and the Mann-Whitney comparisons ( $U$ ) with corresponding  $z$  scores. Effect sizes have been reported using Pearson's correlation ( $r$ ).

*Table A6.1: Mann-Whitney comparison of CTS2 scores between males attending self-referred community and court-mandated probation programmes*

| Factor                   | Mdn<br>SR(C) | Mdn<br>CM(P) | $U$    | $z$   | $r$  |
|--------------------------|--------------|--------------|--------|-------|------|
| Negotiation              | 53.00        | 64.00        | 871.50 | -.26  | -.28 |
| Psychological Aggression | 28.00        | 23.00        | 824.00 | -.67  | -.07 |
| Physical Assault         | 1.00         | 3.00         | 831.00 | -.64  | -.07 |
| Injury                   | 0.00         | 0.00         | 886.00 | -.17  | -.02 |
| Sexual Coercion          | 0.00         | 0.00         | 817.50 | -1.03 | -.11 |

In addition comparisons of all of the subscales of the MCMI-III were undertaken. Firstly this entailed an examination of the three response bias subscales where no significant differences (based on  $p \leq .002$ ) were seen (Table A6.2).

*Table A6.2: Mann-Whitney comparison of response bias scores between males attending self-referred community and court-mandated probation programmes*

| Subscale       | Mdn<br>SR(C) | Mdn<br>CM(P) | $U$    | $z$   | $r$  |
|----------------|--------------|--------------|--------|-------|------|
| X Disclosure   | 59.00        | 49.00        | 754.00 | -1.28 | -.14 |
| Y Desirability | 59.00        | 63.00        | 782.00 | -1.04 | -.11 |
| Z Debasement   | 49.00        | 46.00        | 813.50 | -.76  | -.08 |

To complete the comparisons, examinations were made of the 24 subscales in the MCMI-III; there were no statistically significant differences (based on  $p \leq .002$ ) detected on the personality scales (Table A6.3).

*Table A6.3: Mann-Whitney comparison of MCMI-III personality scores between males attending self-referred community and court-mandated probation programmes*

| Subscale                             | <i>Mdn</i><br>SR(C) | <i>Mdn</i><br>CM(P) | <i>U</i> | <i>z</i> | <i>r</i> |
|--------------------------------------|---------------------|---------------------|----------|----------|----------|
| 1 Schizoid                           | 61.00               | 57.00               | 831.50   | -.61     | -.06     |
| 2A Avoidant                          | 63.00               | 47.50               | 748.00   | -1.33    | -.14     |
| 2B Depressive                        | 64.00               | 54.50               | 843.00   | -.51     | -.05     |
| 3 Dependent                          | 65.00               | 54.00               | 830.00   | -.62     | -.06     |
| 4 Histrionic                         | 47.00               | 57.00               | 731.00   | -1.48    | -.16     |
| 5 Narcissistic                       | 57.00               | 60.00               | 858.00   | -.37     | -.04     |
| 6A Antisocial                        | 69.00               | 69.00               | 810.00   | -.792    | -.08     |
| 6B Sadistic (Aggressive)             | 67.00               | 64.50               | 731.50   | -1.48    | -.16     |
| 7 Compulsive                         | 51.00               | 51.00               | 897.50   | -.03     | -.01     |
| 8A Negativistic (Passive Aggressive) | 65.00               | 62.00               | 690.50   | -1.83    | -.20     |
| 8B Masochistic (Self-Defeating)      | 63.00               | 59.50               | 767.00   | -1.17    | -.13     |

As seen in table A6.4, there were also no significant differences in personality dysfunctions between the SR(C) and CM(P) groups.

*Table A6.4: Mann-Whitney comparison MCMI-III personality dysfunction between males attending self-referred community and court-mandated probation programmes*

| Subscale      | <i>Mdn</i><br>SR(C) | <i>Mdn</i><br>CM(P) | <i>U</i> | <i>z</i> | <i>r</i> |
|---------------|---------------------|---------------------|----------|----------|----------|
| S Schizotypal | 61.00               | 49.50               | 807.50   | -.82     | -.09     |
| C Borderline  | 68.00               | 65.50               | 840.00   | -.53     | -.06     |
| P Paranoid    | 64.00               | 60.50               | 808.00   | -.81     | -.09     |

Table A6.5 shows that no significant group differences were found on the subscales that measured clinical syndromes.

*Table A6.5: Mann-Whitney comparison MCMI-III clinical syndrome scores between males attending self-referred community and court-mandated probation programmes*

| Subscale                | <i>Mdn</i> | <i>Mdn</i> | <i>U</i> | <i>z</i> | <i>r</i> |
|-------------------------|------------|------------|----------|----------|----------|
|                         | SR(C)      | CM(P)      |          |          |          |
| A Anxiety               | 75.00      | 75.00      | 852.00   | -.42     | -.05     |
| H Somatoform            | 45.00      | 37.50      | 879.50   | -.19     | -.02     |
| N Bipolar: Manic        | 63.00      | 63.00      | 821.00   | -.70     | -.07     |
| D Dysthymia             | 57.00      | 60.00      | 861.00   | -.35     | -.04     |
| B Alcohol Dependence    | 66.00      | 75.00      | 691.50   | -1.83    | -.20     |
| T Drug Dependence       | 67.00      | 67.00      | 836.50   | -.56     | -.06     |
| R Post Traumatic Stress | 60.00      | 61.50      | 836.50   | -.56     | -.06     |

Likewise, no statistically significant differences were found when comparing the scores on the severe clinical syndromes for SR(C) and CM(P) males as tabulated in Table A6.6 below.

*Table A6.6: Mann-Whitney comparison MCMI-III severe clinical syndrome scores between males attending self-referred community and court-mandated probation programmes*

| Subscale               | <i>Mdn</i> | <i>Mdn</i> | <i>U</i> | <i>z</i> | <i>r</i> |
|------------------------|------------|------------|----------|----------|----------|
|                        | SR(C)      | CM(P)      |          |          |          |
| SS Thought Disorder    | 62.00      | 45.00      | 834.50   | -.58     | -.06     |
| CC Major Depression    | 57.00      | 37.50      | 877.50   | -.21     | -.02     |
| PP Delusional Disorder | 30.00      | 30.00      | 889.00   | -.11     | -.01     |

## Summary

Overall there were no statistically significant differences in the scores on either the CTS2 or the MCMI-III when the offending men were split into those who were court mandated through probation to treatment and those who were self-referred to community programmes. Previous research (Bowen and Gilchrist 2004, Dutton and Starzomski 1994) has identified that these

groups may have different characteristics. However this was not seen in this study where both groups were combined into one sample.



*Appendix 7: Response bias for all participants and comparisons between desisters, persisters and controls*

*Analysis of response bias for whole group*

An examination of social desirability was undertaken due to the sensitive nature of the characteristics being measured and examined. Spearman's rho correlation coefficients generally revealed strong negative correlations between social desirability and scorings on the MMI-III subscales, the majority of which were statistically significant.

For the scales that measure personality style all correlations were significant except for antisocial. The correlations were all negative except for histrionic, narcissistic and compulsive as seen in Table A7.1.

*Table A7.1: Correlations between social desirability and personality styles*

| Subscale                             | $r_s$ |
|--------------------------------------|-------|
| 1 Schizoid                           | -.67* |
| 2A Avoidant                          | -.80* |
| 2B Depressive                        | -.64* |
| 3 Dependent                          | -.54* |
| 4 Histrionic                         | .80*  |
| 5 Narcissistic                       | .53*  |
| 6A Antisocial                        | -.24  |
| 6B Sadistic (Aggressive)             | -.28* |
| 7 Compulsive                         | .51*  |
| 8A Negativistic (Passive Aggressive) | -.50* |
| 8B Masochistic (Self-Defeating)      | -.67  |

\* Significant difference at  $p \leq .002$  (Bonferroni adjustment from  $p < .05$ )

In addition, significant negative correlations were observed between social desirability and all the scales measuring personality dysfunction (see Table A7.2).

*Table A7.2: Correlations between social desirability and personality dysfunctions*

| Subscale      | $r_s$ |
|---------------|-------|
| S Schizotypal | -.62* |
| C Borderline  | -.53* |
| P Paranoid    | -.50* |

\* Significant difference at  $p \leq .002$  (Bonferroni adjustment from  $p < .05$ )

Negative correlations were also observed between social desirability and clinical syndromes, although as seen in table A7.3, this was not significant for bipolar and drug dependency but significant for the remaining five scales.

Table A7.3: *Correlations between social desirability and clinical syndromes*

| Subscale                | $r_s$ |
|-------------------------|-------|
| A Anxiety               | -.58* |
| H Somatoform            | -.48* |
| N Bipolar: Manic        | -.06  |
| D Dysthymia             | -.61* |
| B Alcohol Dependence    | -.29* |
| T Drug Dependence       | -.16  |
| R Post Traumatic Stress | -.51* |

\* Significant difference at  $p \leq .002$  (Bonferroni adjustment from  $p < .05$ )

Finally, significant negative correlations were observed between desirability and severe clinical syndromes as demonstrated in Table A7.4.

Table A7.4: *Correlations between social desirability and severe clinical syndromes*

| Subscale               | $r_s$ |
|------------------------|-------|
| SS Thought Disorder    | -.55* |
| CC Major Depression    | -.53* |
| PP Delusional Disorder | -.27* |

\* Significant difference at  $p \leq .002$  (Bonferroni adjustment from  $p < .05$ )

#### *Response bias comparisons between controls, desisters and persisters*

Comparisons of the three response bias scores were then made between the controls desisters and persister to determine if group was related to over- or under-reporting of personality traits and clinical syndromes. Kruskal-Wallis tests revealed that group had a significant effect on all the response bias scores. This is shown in Table A5.5. Jonckheere's test revealed significant trends: the median scores increased from controls, to desisters to persisters, for disclosure and debasement, but the median score decreased from controls, to desisters to persisters, for desirability suggesting a trend of over-reporting by the persisters and under-reporting by the controls.

*Table A7.5: Kruskal-Wallis comparison and trends of response bias score for controls, desisters and persisters*

| Sub scale      | <i>H</i> (2) | <i>J</i> | <i>z</i> | <i>r</i> |
|----------------|--------------|----------|----------|----------|
| X Disclosure   | 51.32*       | 4927.50  | 7.50*    | .64      |
| Y Desirability | 21.23*       | 2025.00  | -4.15*   | .36      |
| Z Debasement   | 48.41*       | 4848.00  | 7.24*    | .62      |

\* Significant difference at  $p \leq .017$  (Bonferroni adjustment from  $p < .05$ )

Post Hoc Mann-Whitney comparisons, revealed no significant differences in desirability between controls and desisters, but significant differences in disclosure and debasement (see Table A7.6).

*Table A7.6: Mann-Whitney comparison of response bias scores for controls and desisters*

| Subscale       | <i>Mdn</i><br>(C) | <i>Mdn</i><br>(D) | <i>U</i> | <i>z</i> | <i>r</i> |
|----------------|-------------------|-------------------|----------|----------|----------|
| X Disclosure   | 33.00             | 49.00             | 330.00   | -5.03*   | -.54     |
| Y Desirability | 67.00             | 68.00             | 891.50   | -.132    | -.01     |
| Z Debasement   | 18.00             | 40.00             | 531.50   | -3.33*   | -.35     |

\* Significant difference at  $p \leq .017$  (Bonferroni adjustment from  $p < .05$ )

Significant differences were observed between controls and persisters across all of the three response bias scales (Table A7.7).

*Table A7.7: Mann-Whitney comparison of response bias scores for controls and persisters*

| Subscale       | <i>Mdn</i><br>(C) | <i>Mdn</i><br>(P) | <i>U</i> | <i>z</i> | <i>r</i> |
|----------------|-------------------|-------------------|----------|----------|----------|
| X Disclosure   | 33.00             | 68.50             | 314.50   | -6.37*   | -.64     |
| Y Desirability | 67.00             | 53.00             | 622.50   | -4.23*   | -.43     |
| Z Debasement   | 18.00             | 62.00             | 320.00   | -6.39*   | -.64     |

\* Significant difference at  $p \leq .017$  (Bonferroni adjustment from  $p < .05$ )

Significant differences were also observed between desisters and persisters on the three response bias scales (Table A7.8)

*Table A7.8: Mann-Whitney comparison of response bias scores for desisters persisters*

| Subscale       | <i>Mdn</i><br>(D) | <i>Mdn</i><br>(P) | <i>U</i> | <i>z</i> | <i>r</i> |
|----------------|-------------------|-------------------|----------|----------|----------|
| X Disclosure   | 49.00             | 68.50             | 541.00   | -3.30*   | -.35     |
| Y Desirability | 68.00             | 53.00             | 511.00   | -3.56*   | -.38     |
| Z Debasement   | 40.00             | 62.00             | 413.50   | -4.40*   | -.47     |

\* Significant difference at  $p \leq .017$  (Bonferroni adjustment from  $p < .05$ )

### Summary

It was the controls as a group who overall based on the three response scores presented with an emphasis responding in a socially desirable manner. In addition, group comparisons revealed that statistically significant differences were found in response bias on all of the three scales (disclosure, desirability and debasement) between the controls and persisters, and the desisters and persisters, with the controls as a group again presenting themselves in a more favourable light. The persisters were more open in their reporting. This suggests that the persisters either responded more accurately, or are unable to identify and select the socially desirable responses. The controls, however, were more guarded with their reporting.

#### *Appendix 8: Comparison of CTS2 subscales between desisters, persisters and controls*

It was predicted that group would have a significant effect on the five subscales measured using the CTS2. Kruskal-Wallis tests revealed that group had a significant effect on all the subscales except negotiation. Jonckheere's test revealed a significant trend in the data for four of the factors (not negotiation): the median scores increased from controls, to desisters to persisters for psychological aggression, physical assault, injury, and sexual coercion (see Table A8.1).

*Table A8.1: Kruskal-Wallis and trends for controls, desisters and persisters on CTS2*

| Factor                   | <i>H</i> (2) | <i>J</i> | <i>z</i> | <i>r</i> |
|--------------------------|--------------|----------|----------|----------|
| Negotiation              | 7.03         | 3496.00  | 1.76     | .15      |
| Psychological Aggression | 64.99*       | 4886.50  | 7.37*    | .63      |
| Physical Assault         | 119.06*      | 5120.00  | 9.69*    | .83      |
| Injury                   | 38.21*       | 3957.50  | 5.64*    | .48      |
| Sexual Coercion          | 8.16*        | 3428.00  | 2.24*    | .19      |

\* Significant difference at  $p \leq .01$  (Bonferroni adjustment from  $p < .05$ )

Post-hoc Mann-Whitney comparisons were used to compare the use of violence between each group. There were no significant differences (significant difference at  $p \leq .017$  due to Bonferroni adjustment for multiple testing) between the scores on the scales in the CTS2 between the controls and desisters as seen in Table A8.2. Physical assault was not included because in line with the scoring criteria both of the groups scored 0 for this scale.

*Table A8.2: Mann-Whitney comparisons of the CTS2 factors for controls and desisters*

| Factor                          | <i>U</i> | <i>z</i> | <i>r</i> |
|---------------------------------|----------|----------|----------|
| <i>Negotiation</i>              | 794.50   | -.98     | -.10     |
| <i>Psychological Aggression</i> | 852.50   | -.48     | -.05     |
| <i>Injury</i>                   | 882.00   | -1.15    | -.12     |
| <i>Sexual Coercion</i>          | 866.00   | -.67     | -.07     |

Controls and persisters differed significantly from each other on three of the five factors as seen in Table A8.3

*Table A8.3: Mann-Whitney comparisons of the CTS2 factors for controls and persisters*

| Factor                   | <i>U</i> | <i>z</i> | <i>r</i> |
|--------------------------|----------|----------|----------|
| Negotiation              | 963.50   | -1.83    | -.18     |
| Psychological Aggression | 182.00   | -7.31*   | -.74     |
| Physical Assault         | 49.00    | -8.86*   | -.89     |
| Injury                   | 710.50   | -5.04    | -.51     |
| Sexual Coercion          | 1018.50  | -2.02    | -.20     |

\* Significant difference at  $p \leq .017$  (Bonferroni adjustment from  $p < .05$ )

The results presented in Table A8.3 show that the persisters reported more psychological aggression, physical assault and injury than the controls. For the remaining two factors (negotiation and sexual coercion) the persisters and controls did not differ significantly in their scores.

A final comparison between the desisters and persisters revealed a significant difference on all five factors as seen in Table A9.4. On all the subscales reported in Table A8.4 the persisters' scores were all higher than the scores of the desisters.

*Table A8.4: Mann-Whitney comparisons of the CTS2 factors for desisters and persisters*

| Factor                   | <i>U</i> | <i>z</i> | <i>r</i> |
|--------------------------|----------|----------|----------|
| Negotiation              | 635.00   | -2.49*   | -.27     |
| Psychological Aggression | 192.00   | -6.30    | -.68     |
| Physical Assault         | 37.00    | -8.00*   | -.86     |
| Injury                   | 563.00   | -4.07*   | -.44     |
| Sexual Coercion          | 719.50   | -2.49*   | -.27     |

\* Significant difference at  $p \leq .017$  (Bonferroni adjustment from  $p < .05$ )

## Summary

Group had a statistically significant effect on four of the subscales (psychological aggression, physical assault, injury and sexual coercion) and trend analysis revealed higher median scores for the persisters, then desisters, then controls; that is more evidence of the behaviours in the persisters. However no significant differences were found in relation to negotiation. Post hoc analysis revealed that the controls and desisters did not differ significantly in all five scales based on their behaviours for the past year. However the desisters and persisters had significant differences on all five of the subscales suggesting that for the past year across different types of IPV the persisters evidenced a greater range and use of these behaviours. These findings suggest that the three groups were correctly identified; the extent of physical violence was significantly greater for the persisters compared to the other two groups. Furthermore, no other significant forms of IPV were reported by the controls and the desisters for the year prior to participation in this study.

*Appendix 9: Comparison of clinically significant scores with three other reported samples*

In the tables below, the relative percentages of offenders (i.e., both desisters and persisters combined) in the current sample with clinically significant MCMI-III scales have been listed. For comparison, the corresponding percentages for the samples of men who were just entering treatment for IPV and studied by Gondolf (1999), Gibbons, Collins and Reid (2011), along with the percentages for the psychiatric sample used to develop MCMI-III (Millon 1994).

In Table A9.1, the percentages for personality style are reported and these show that relative to the other samples, the men who took part in the current study had the highest rates of antisocial personality pattern but the lowest rates of passive aggressive. However on all other subscales the percentages fell in between the highest and lowest scores found in the comparison group.

*Table A9.1: Percentage of significant scales (BR>74) on MCMI-III personality styles: Four samples*

| Subscale                             | Gondolf<br>(1999)<br>(n = 828) | Gibbons<br>(2011)<br>(n = 177) | Millon<br>(1994)<br>(n = 600) | Current<br>Study<br>(n = 87) |
|--------------------------------------|--------------------------------|--------------------------------|-------------------------------|------------------------------|
| 1 Schizoid                           | 15.0                           | 19.0                           | 19.0                          | 13.8                         |
| 2A Avoidant                          | 17.0                           | 33.0                           | 27.0                          | 24.1                         |
| 2B Depressive                        | 19.0                           | 38.0                           | 36.0                          | 31.0                         |
| 3 Dependent                          | 17.0                           | 29.0                           | 48.0                          | 27.6                         |
| 4 Histrionic                         | 5.0                            | 5.0                            | 21.0                          | 16.1                         |
| 5 Narcissistic                       | 25.0                           | 11.0                           | 21.0                          | 14.9                         |
| 6A Antisocial                        | 19.0                           | 28.0                           | 17.0                          | 31.1                         |
| 6B Sadistic (Aggressive)             | 9.0                            | 25.0                           | 4.0                           | 12.6                         |
| 7 Compulsive                         | 10.0                           | 3.0                            | 21.0                          | 5.7                          |
| 8A Negativistic (Passive Aggressive) | 24.0                           | 43.0                           | 27.0                          | 18.4                         |
| 8B Masochistic (Self-Defeating)      | 10.0                           | 23.0                           | 30.0                          | 18.4                         |



In relation to personality dysfunction the men in current study had higher percentages of clinically relevant scores for all three personality dysfunction subscales compared with the reported samples that used IPV groups, and higher rates for two of the three scales (borderline and paranoid) compared to the Millon test sample (Table A9.2).

*Table A9.2: Percentage of significant scales (BR>74) on MCMI-III personality dysfunction: Four samples*

| Subscale      | Gondolf<br>(1999)<br>(n = 828) | Gibbons<br>(2011)<br>(n = 177) | Millon<br>(1994)<br>(n = 600) | Current<br>Study<br>(n = 87) |
|---------------|--------------------------------|--------------------------------|-------------------------------|------------------------------|
| S Schizotypal | 3.0                            | 5.0                            | 13.0                          | 9.2                          |
| C Borderline  | 7.0                            | 29.0                           | 28.0                          | 31.0                         |
| P Paranoid    | 10.0                           | 8.0                            | 13.0                          | 16.1                         |

For clinical syndromes, the rates of clinically significant drug dependency scales are the highest in the current study, although similar levels of clinically significant alcohol rates are seen with one of the reported samples (Gibbons, Collins and Reid 2011) that also examined IPV men. Again on all other subscales the scores from the current study generally fall between the highest and lowest scores found in the three reported samples used. This is seen in Table A9.3.

*Table A9.3: Percentage of significant scales (BR>74) on MCMI-III clinical syndromes: Four samples*

| Subscale                | Gondolf<br>(1999)<br>(n = 828) | Gibbons<br>(2011)<br>(n = 177) | Millon<br>(1994)<br>(n = 600) | Current<br>Study<br>(n = 87) |
|-------------------------|--------------------------------|--------------------------------|-------------------------------|------------------------------|
| A Anxiety               | 39.0                           | 59.0                           | 62.0                          | 52.9                         |
| H Somatoform            | 1.0                            | 3.0                            | 16.0                          | 4.6                          |
| N Bipolar: Manic        | 4.0                            | 6.0                            | 9.0                           | 25.3                         |
| D Dysthymia             | 13.0                           | 37.0                           | 36.0                          | 19.5                         |
| B Alcohol Dependence    | 26.0                           | 39.0                           | 12.0                          | 37.0                         |
| T Drug Dependence       | 7.0                            | 14.0                           | 8.0                           | 31.0                         |
| R Post Traumatic Stress | 4.0                            | 8.0                            | 9.0                           | 8.0                          |

Finally, the men in the current study, relative to the other samples had higher rates of clinically significant scales for two of the severe clinical syndromes (major depression and delusional disorder). This has been presented in Table A9.4.

*Table A9.4: Percentage of significant scales (BR>74) on MCMI-III severe clinical syndromes: Four samples*

| Subscale               | Gondolf<br>(1999)<br>( <i>n</i> = 828) | Gibbons<br>(2011)<br>( <i>n</i> = 177) | Millon<br>(1994)<br>( <i>n</i> = 600) | Current<br>Study<br>( <i>n</i> = 87) |
|------------------------|--|--|---------------------------------------|--------------------------------------|
| SS Thought Disorder    | 4.0                                    | 5.0                                    | 9.0                                   | 5.7                                  |
| CC Major Depression    | 11.0                                   | 10.0                                   | 22.0                                  | 34.5                                 |
| PP Delusional Disorder | 5.0                                    | 3.0                                    | 3.0                                   | 8.0                                  |


## Summary

The findings indicate that the prevalence of clinically significant scores from the sample in the current study, in comparison to the other reported samples fall in between the prevalence rates previously reported. Therefore in some cases less pathology is seen; yet more pathology is also evidenced in the sample in the current study across certain subscales. For example, of note in the current sample were the percentages for antisocial and major depression that were much higher than those found in all of the other three samples. Generally the prevalence rates are more consonant with the participants examined by Gibbons, Collins and Reid (2011) and Millon (1994) psychiatric patients than those studied by Gondolf (1999) whose percentages of clinically relevant scores were on the whole much lower.

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